



Child Participant Waiver & Information

Child's Name _____ Age _____ DOB _____
Street Address _____ City _____
Parent/Guardian _____
Home Phone _____ Cell Phone _____ T-Shirt Size _____

AS PARENT/GUARDIAN of _____, I hereby consent to his/her participation in the Village of Brooklyn Heights Art in the Park Program upon the expressed understanding and condition that:

- I hereby acknowledge that the Art in the Park Program for which I have given my consent to my child's participating is being sponsored by the Village of Brooklyn Heights Community Services Department.
- I recognize the risks of illness, injury, and other damage or loss inherent in any of the events and activities of the Art in the Park program.
- In consideration of the Village of Brooklyn Heights providing sponsorship and/or providing facilities for this program, I am permitting my child's participation in the Art in the Park Program upon the expressed agreement and understanding that I am hereby waiving and releasing the Village of Brooklyn Heights, its employees, officers, agents and representatives from any and all claims, costs, liabilities, expenses or judgements, including attorney's fees and court costs arising as a result of my child's participation in the Art in the Park Program or any loss, damage, illness, or injury resulting therefrom.
- Further, in the event of any injury, I hereby give my permission and consent to authorize emergency first aid and/or treatment for my child as is deemed necessary by qualified medical or emergency personnel, or by said employees, officers, agents, or representatives of the Village of Brooklyn Heights, and further agree to assume all expenses for said treatment.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

Person Child Can Be Released To

As parent or guardian of _____, I give permission for my child to be picked up by the following person(s) if I am not available:

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

Photo Release for Marketing Purposes

Option 1: I GIVE permission to the Village of Brooklyn Heights to make non-commercial, social media, and web content use of any activity photographs and/or videos of my child during this program.

Parent/Guardian Signature _____ **DATE** _____

or

Option 2: I DO NOT give permission to the Village of Brooklyn Heights to make non-commercial, social media, and web content use of any activity photographs and/or videos of my child during this program.

Parent/Guardian Signature _____ **DATE** _____