



RELEASE OF LIABILITY

By signing below, _____ agrees to release from and hold harmless from any expenses or claims of any nature, legal or otherwise, the Shorkey Center, its agents, employees and/or representatives, for any injuries sustained by the participant in any activity within the Shorkey Center, save and except for claims arising solely from negligence of the Shorkey Center, its agents, employees and/or representatives.

Name of Participant (Please print) Age

Signature of Parent/Guardian Completing Form Date

Print Name of Person Signing Phone



SHORKEY CENTER
serving children with special needs

MEDIA CONSENT FORM

Participant: _____

Parent/Guardian: _____

- | | | |
|-------------------------------|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> give | <input type="checkbox"/> do not give | permission for my child's first name only to be used in articles |
| <input type="checkbox"/> give | <input type="checkbox"/> do not give | permission for an article to be written about my child
(the director will review the topic with the parent) |
| <input type="checkbox"/> give | <input type="checkbox"/> do not give | permission for my child's picture to be used |
| <input type="checkbox"/> give | <input type="checkbox"/> do not give | permission for my child's first name to be captioned under the
picture |
| <input type="checkbox"/> give | <input type="checkbox"/> do not give | permission for my child's school work, with their name, to be
used |
| <input type="checkbox"/> give | <input type="checkbox"/> do not give | permission for my first name (parent's name) to be used
i.e. to thank a parent for volunteer work, etc. |
| <input type="checkbox"/> give | <input type="checkbox"/> do not give | permission for pictures of my child to be used in
acknowledgments of contributions. I fully understand that
those pictures may end up being use in other publications by
the contributors |

Signature of Parent/Guardian Completing Form

Date



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EMERGENCY CONTACT INFORMATION

Participants Name: _____ DOB: _____

1st Emergency Contact: _____

Relationship: _____

Phone: _____

2nd Emergency Contact: _____

Relationship: _____

Phone: _____

Additional Emergency Contacts and Phone Numbers:

You have my permission to transport my child by ambulance to the doctor and/or hospital in case of serious illness or accident with no liability to the Shorkey Center.

Parent Signature

Date



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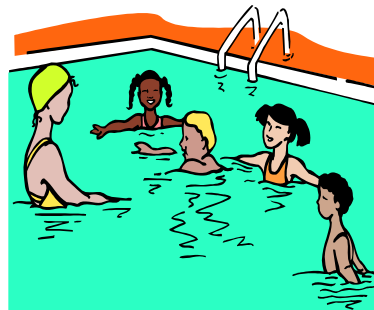
I authorize the following persons to pick up _____:

	Name	Phone
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

ID will be required

Parent Signature

Date



SHORKEY CENTER
SWIMMING RELEASE OF LIABILITY

I, _____ (participant, parent, or guardian), on behalf of myself and my child _____, agree and understand that swimming is a HAZARDOUS activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to, paralyzing injuries and death. The participants agree to indemnify and hold harmless the Shorkey Center, its instructors, directors, employees, and agents against any liability resulting from any injury that may occur to a participant while participating at the pool. The participants also agree to indemnify the Shorkey Center for any damages incurred arising from any claims, demand, action or cause of action by the participants. The participants authorize any representative of the Shorkey Center to have a participant treated in any medical emergency during their participation at the pool. Further, the participants and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant. I have noted on this form any medical/health problems including known allergies of which the staff should be aware of.

1. My child _____ is participating in swimming activity at the Shorkey Center. I am fully aware of the risks and hazards involved in such activity.
2. In consideration of being permitted to participate in this program, I agree to assume full responsibility for any risks, injuries or damage, know or unknown, which I might incur as a result of participation in this program or as a result of negligence.
3. In further consideration of being permitted to participate in this program, I knowingly, voluntarily and expressly waive any claim (in law or equity) I may have against Shorkey Center for injury or damages that I may sustain as a result of participating in these activities.
4. Myself, my heirs or legal representatives forever release from liability, waive, discharge and covenant not to sue Shorkey Center, agents, employees, board members, volunteers, and/or representatives for any injury, damages caused by any negligent act or omission.

I have read the above release form and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signature of Guardian: _____ Date: _____

* I have carefully read the above liability release and sign it with full knowledge of its contents and significance.

Participant(s) Name: _____

DOB: _____ Age: _____

Signed: _____ Date: _____

Phone #: _____ (Parent/Guardian)

*Medical/health problems: _____

Concerns / restrictions: _____

HEALTH

- Protect our water- Please do not use the pool if you have had diarrhea in the past two weeks, at risk of diarrhea (upset stomach), or a disease communicable by water.
- Shower prior
- Swimmers who are not toilet trained must wear a **SWIM DIAPER**. *Regular diapers are not permitted as they will dissolve in the water.*

SAFETY

- No running or rough play.
- No glass or plastic that can shatter is allowed in the pool area.
- No food or drink is allowed in the pool
- No diving allowed.