

**LOWER NAZARETH TOWNSHIP  
2023 SUMMER PARK PROGRAM  
MEDICAL INFORMATION**

**\*\*\* Form must be completed for each child \*\*\***

**Child's Name:** \_\_\_\_\_

**Please indicate if participant have any of the following conditions (please circle or mark N/A):** \_\_\_\_\_

epilepsy	deafness	hernia	heart problems	skin disease
diabetes	asthma	ear or sinus trouble	lung/breathing	other

**Comments:** \_\_\_\_\_

**List any allergies, which require medical treatment:** \_\_\_\_\_

**Please indicate if participant have any physical restrictions:** \_\_\_\_\_

**Is participant now or has he/she been under a physician's medical care within the past year?** \_\_\_\_\_

**Is participant on any medication? Please list:** \_\_\_\_\_

**State any other conditions staff should be aware of:** \_\_\_\_\_

My child is physically capable of participating in the Program. In consideration of your accepting my child to the program I, the undersigned, for myself, my child, our heirs, executors, and administrators, do hereby release, absolve, exonerate, indemnify and hold harmless Lower Nazareth Township, its successors and assigns, officers, employees, agents, servants, and contractors, from and against all actions, claims, demands, losses, damages, injuries, costs and expenses, including attorney's fees, arising from participation in the Summer Park Program, all of its related activities, and use of the lands and facilities of Lower Nazareth Township. I request that in my absence my child be admitted to any hospital or medical facility for diagnosis and treatment and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I understand that I have not been given a guarantee as to the results of the examination or treatment of my child and every attempt shall be made to contact me via the information listed above. I also assume the financial responsibility for any such treatment for my child.

I understand that all information will be kept confidential, but may be used by the Township Staff in the event of an emergency.

**Name of Parent/Guardian:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

**LOWER NAZARETH TOWNSHIP  
2023 SUMMER PARK PROGRAM  
ADDITIONAL TOWNSHIP WAIVER**

**\*\*\* Form must be completed for each child \*\*\***

**Child's Name:** \_\_\_\_\_

WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19 ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT in consideration of being allowed to participate in LOWER NAZARETH TOWNSHIP SUMMER PARK PROGRAM and related events and activities, the undersigned acknowledges, appreciates and agrees that: 1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and, 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and, 3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and, 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS LOWER NAZARETH TOWNSHIP SUMMER PARK PROGRAM, their officers, organizations, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT FOR PARTICIPANTS OF MINOR AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION). This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releases and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releases for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

**In addition, I understand that photo images of my child may appear in the Township Newsletter and/or Township Social Media.**

Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

## Action Karate Permission to Participate

The information must be complete; our insurance company requires this for your child to participate.

Thank you 😊

Parental Permission: The undersigned acknowledges the existence of certain inherent risks in this type of training and hereby agrees to assume all risks himself. He further relieves Action Karate, its management, assigned or contracted instructors and his fellow students from any liability resulting from personal injury and/or loss of personal property. Occasional photos or videos of class or special events may be taken. Such materials may be used as advertising media. The undersigned waives claim to all model rights whether active or passive.

### INFORMATION ABOUT PARTICIPANT:

Name: \_\_\_\_\_ Age: \_\_\_ Grade: \_\_\_ Limitations:

\_\_\_\_\_

Martial Arts experience?  YES  NO Parent

name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code:

\_\_\_\_\_

E-Mail (this is required to receive Event Photos, Thank you's/Gift Certificate):

\_\_\_\_\_

Cell Phone: \_\_\_\_\_

Which/whose event will you be attending? [Lower Nazareth Township's 2023 Summer Park Program](#)

Parent hereby stipulates that participant is physically sound and that has medical approval to proceed with this type of training.

Parent signature: \_\_\_\_\_