

**Wichita Park and Recreation  
Summer of Discovery  
Waiver/Release of Liability and Authorization for Activities**

In consideration of my minor child/ward \_\_\_\_\_ being allowed to participate in the Wichita Park and Recreation Summer of Discovery (SOD) summer recreation program and related events and activities, I, the parent/guardian, acknowledge, understand and agree that:

1. I am fully aware and hereby acknowledge that the risk of serious injury from this activity, including, but not limited to, the risk of serious personal and physical or emotional injury, paralysis, death or other harmful consequences which could arise from my child's/ward's participation in this activity.
2. Being fully informed as to these risks and in consideration of the City allowing my child/ward to participate in the SOD program, I expressly agree and promise to accept and assume all risks associated with this activity. My child's/ward's participation in this activity is purely voluntary and I elect to allow his/her participation in spite of these risks.
3. On behalf of myself, my child/ward, my heirs and assigns, I hereby voluntarily waive, release, forever discharge, and agree to indemnify and hold harmless The City of Wichita, its elected officials, officers, agents, employees, instructors, representatives and volunteers from and against any and all liability for personal injury or property damage which I or my child/ward may have, or which may hereafter accrue to me or my child as a result of participation in any of the activities or events conducted by, on the premises or, or for the benefit of the SOD summer recreation program. I also hereby agree to indemnify and hold harmless The City of Wichita, its elected officials, officers, agents, employees, instructors, representatives and volunteers from and against any and all claims, damages, losses and expenses, including attorney's fees, which they may incur as a result of my child's/ward's participation in the said activities.
4. The waiver and indemnification I have agreed to as set forth above shall be applicable to all activities of the SOD summer recreation program and additionally those activities as set forth below in which I have authorized and requested that my child/ward be allowed to participate as indicated by placing my initials next to each description of such activity for which I grant my permission. I understand that all SOD activities will take place between the dates of May 31 and August 5, 2016:

\_\_\_\_\_ **Field Trip.** Participants may be transported by licensed public conveyance or leased motor vehicle, the described vehicle will be properly insured as required by Kansas law.

\_\_\_\_\_ **High Risk Activity – Swimming/Diving Boards.** Participants may participate in swimming and may use the diving boards at the pools.

\_\_\_\_\_ **High Risk Activity – Funtastics & Aviate Extreme Air Sports.** Participants may participate in gymnastics and trampoline activities, use gymnastic equipment including parallel bars, a zip line, mini trampolines, a basketball and dodgeball tramp, a trampoline runway leading into a foam pit, a ninja obstacle course and a trapeze at either location.

\_\_\_\_\_ **High Risk Activity - Butler Culinary Program & Sedgwick County Extension Office.** Participants may participate in cooking activities, using cooking utensils and amenities such as stoves and ovens at either location.

\_\_\_\_\_ **High Risk Activity – Dart Warz.** Participants may participate in nerf gun games and will use nerf guns shooting foam darts during nerf gun games and activities.

\_\_\_\_\_ **High Risk Activity – Sunscreen Application.** I hereby request that the SOD summer recreation program staff apply sunscreen during the SOD program camp hours.

\_\_\_\_\_ **Photo-Video Authorization.** I authorize and give my consent to the City of Wichita, its employees, agents, or volunteers to photograph/video my child/ward or me and without limitation, to use such photographs /video in connection with promoting/advertising the programs of the City of Wichita without consideration of any kind.

**I HAVE READ AND UNDERSTAND THE ABOVE WAIVER AND RELEASE AND AGREE TO BE BOUND BY ITS TERMS. I HERBY CERTIFY THAT I AM THE PARENT/GUARDIAN OF THIS MINOR CHILD AND THAT I HAVE THE LEGAL RIGHT TO ALLOW THIS CHILD TO PARTICIPATE IN THIS ACTIVITY. I AM SIGNING THIS WAIVER AND RELEASE VOLUNTARILY AND BY DOING SO IT IS MY INTENTION TO GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN SOD ACTIVITIES I HAVE INITIALED ABOVE AND TO ASSUME AND ACCEPT ALL RISKS ASSOCIATED THEREWITH. THIS RELEASE IS EFFECTIVE ON THE DATE SIGNED.**

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

ATTENDANCE CENTER: \_\_\_\_\_