

Enrollment form for Eco-Adventure Nature Camp at Rotary Park

Drop off 8:00-9:00am; Camp hours 9:00 a.m. - 4:00 p.m. Pick up 4:00-5:00pm.

Nothing before 8:00am or after 5:00pm is available.

This camp is for children aged 7 to 12 years old

City of Cape Coral Tax ID # 59-131-2996

Child Name	Age/Birthday	Important information (shirt size, allergies, etc.)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Movie permission: G _____ PG _____ PG-13 _____

Parents / Legal Guardians	Address (include zip code)	Best contact phone number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent / Guardian Email _____

Emergency Contact	Relationship	Phone	May they remove child from facility?
_____	_____	_____	_____

Please list all pick-up people, special needs, custody arrangements, weeks attending, etc.

Rotary Park Environmental Center, 5505 Rose Garden Road, Cape Coral, 33914

Rotary Park Telephone: (239) 549-4606

RotaryParkInfo@capecoral.gov

www.CapeParks.com

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK
FOR CITY OF CAPE CORAL PARKS AND RECREATION PROGRAMS/ACTIVITIES

PLEASE READ THIS FORM CAREFULLY and be aware that in signing up for and participating in the City of Cape Coral Parks and Recreation's programs/activities, you will be expressly assuming the risk and legal liability and will be waiving and releasing all claims against the City for contraction of illness, injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected and associated with the City's programs/activities (including transportation services/vehicle operation, when provided).

STATEMENT OF PARENT OR GUARDIAN

I recognize and acknowledge that there may be certain risks involved in participating in the City's programs/activities, and I voluntarily agree to assume the full risk of any contraction of illness, injuries, damages, or loss, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or may accrue to me or my child/ward) as a result of participating in such program/activity against the City, including the City's respective officials, officers, employees, and volunteers (hereinafter collectively referred to as "Parties"). I do hereby fully release and forever discharge the Parties from any and all claims for contraction of illness, injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward arising out of, connected with, or in any way associated with these programs/activities.

By participating in these programs, I assume medical insurance responsibilities. I understand that in case of a medical emergency, 911 will be called and I hereby authorize the doctors at the designated hospital to treat my child for injury or illness occurring during Parks and Recreation programs. I give full permission to any and all of the foregoing to use photographs, videotapes, recordings or any other record of this event for legitimate purposes. The Cape Coral Parks and Recreation Department reserves the right to deny registration to any program and to charge fees where applicable.

I indemnify and hold harmless the City of Cape Coral, and any of its employees and/or agents from any and all claims from my use of City property or participation in any City programs. I will further indemnify and hold harmless the City, and any of its employees and/or agents from all costs, expenses, and liabilities resulting from any claim brought from or on behalf of my child's/children's/ward's use of City property and/or participation in City programs to the extent of the City's liability under general law.

This is to certify that I, as parent/guardian with legal responsibility for this/these participant(s) named below, do consent and agree to his/her/their release as provided above and, for myself, my heirs, assigns, and my minor child's/children's/ward's involvement or participation in the program as provided above.

I have read and fully understand the above important information, warning of risk, assumption of risk, and waiver and release of all claims.

Self, Parent, or Legal Guardian *

Date

Participant's Name

Participant's Name

Participant's Name

* If registering via fax or electronically, your facsimile signature shall be substituted for and have the same legal effect as an original signature.