

## Kreative Kids Release Form

PLEASE PRINT CLEARLY

Participant's Name: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_  
 Medical Problems, medication, conditions, special needs, request or comments: \_\_\_\_\_

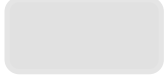
Office Use Only

I authorize my child to participate in the program titled below and partake in any field trip during this session. In case of an emergency I authorize a city employee to seek treatment for my child from an available licensed physician. I also authorize a city employee to seek emergency transportation for my child to the nearest hospital. I realize that the City of Bell Gardens will not assume responsibility for payment of medical fees or expenses incurred.

The undersigned promises to indemnify and hold harmless the City of Bell Gardens and its elected representatives, directors, agents, or employees from any and all claims, demands, actions, liability or loss which may arise from or be incurred as the result of an injury or damage to persons or property arising out of participation in or the presentation of recreation activities/events.

I agree that the City of Bell Gardens may take and use such photographs of my child with or without their name and for any lawful purpose, such as publicity, illustration, advertising, and Web content. I grant the City of Bell Gardens, its representatives, and employees the right to take photographs of my child and my property in connection with the identified subject. I authorize the City of Bell Gardens, its assignees and transferees to copyright, use and publish the same in print and/or electronically.

Please circle the class you are enrolling your child in for this session.



**3 year olds 8:30am**  
Tues. & Thurs. @ BGVP

**3 year olds 11am**  
Tues. & Thurs. @ BGVP

**4 year olds 8:30am**  
Mon., Wed., & Fri. @ BGVP

**4 year olds 11am**  
Mon., Wed., & Fri. @ BGVP

Winter Session

Spring Session

Summer Session

Fall Session

Holiday Session

Parent or Legal Guardian Name (Print): \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please Note: REFUND will only be granted if activity is cancelled by the City of Bell Gardens.*

## Kreative Kids Excursion Release Form

PLEASE PRINT CLEARLY

Participant's Name: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_  
 Medical Problems, medication, conditions, special needs, request or comments: \_\_\_\_\_

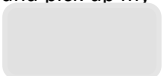
Office Use Only

I authorize my child to participate in the program titled below and partake in any field trip during this session. In case of an emergency I authorize a city employee to seek treatment for my child from an available licensed physician. I also authorize a city employee to seek emergency transportation for my child to the nearest hospital. I realize that the City of Bell Gardens will not assume responsibility for payment of medical fees or expenses incurred.

The undersigned promises to indemnify and hold harmless the City of Bell Gardens and its elected representatives, directors, agents, or employees from any and all claims, demands, actions, liability or loss which may arise from or be incurred as the result of an injury or damage to persons or property arising out of participation in or the presentation of recreation activities/events.

I agree that the City of Bell Gardens may take and use such photographs of my child with or without their name and for any lawful purpose, such as publicity, illustration, advertising, and Web content. I grant the City of Bell Gardens, its representatives, and employees the right to take photographs of my child and my property in connection with the identified subject. I authorize the City of Bell Gardens, its assignees and transferees to copyright, use and publish the same in print and/or electronically.

By signing this release form I understand that it will be my responsibility as the parent/legal guardian to make arrangements to drop off and pick up my child at the specified time and location for this excursion.



Excursion To: \_\_\_\_\_ Your Child's Class Site: BGVP NYC

Current Session: Winter Session Spring Session Summer Session Fall Session Holiday Session

Parent or Legal Guardian Name (Print): \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please Note: REFUND will only be granted if activity is cancelled by the City of Bell Gardens.*