



# Youth Outdoor Survival



Household last Name

Parent /Guardian First Name

Mailing Address

City of Delta

Zip

Phone Home/Cell

Work

Emergency

Email Address

First Name	Last Name	DOB	Activity Name	Activity #	Fee

### Participant Release

I, the below signed as an adult (or parent of), do hereby release the City of Delta, it's officers, agents, or employees from liability for any injuries or damages which may result to myself (my child) as a result of the Participation in the City of Delta Recreation Program. The applicant agrees to save and hold harmless the City of Delta, officers, agents, or employees for any damages or personal injury which may result from activities occurring on the property of the City of Delta which is used in conjunction with the Delta Recreation Program. Further the participant understands that parent or guardian participation is a requirement of this recreation program and that all of the coaches are volunteers. Pursuant to section 15-14-104, C.R.S., I delegate to DCYSA by its designated representatives the power to consent to and contract for emergency medical or dental treatment for my child on my behalf. This power of attorney shall not be affected by my disability. I also release the rights of any pictures or videos taken of my child and team in conjunction with this program to the City of Delta, I fully acknowledge and accept the rights of the City of Delta to use such materials as pictures and videos in platforms such as, but no limited to, the City of Delta's social media accounts, website, and local newspaper ads/stories.

Signature:

Date:

Check	Class	Session	Fee	Activity #
	Youth ODS	October 10-12	\$60	307002E

