



WESTERN RIO BLANCO RECREATION & PARK DISTRICT

611 SOUTH STANOLIND AVENUE, RANGELY, CO 81648

(970) 675-8211 Fax: (970) 675-8011 Web: <http://westernrioblancomrpd.colorado.gov/>

Inflatables

Name of Children	Date of Birth	Age	Allergies

Parental Information

Parent's Name: _____

Parents Phone Number: _____

Emergency Contact #1 Name: _____ Number: _____

Emergency Contact #2 Name: _____ Number: _____

Medical Treatment

I acknowledge that the District does not have any health insurance coverage which would be applicable to my child's participation. In the event of an injury, I hereby give permission to the district or its agents, volunteers, or employees to seek medical treatment for this child. In my absence, I hereby give permission to the physician selected by the district or its employees to administer medical treatment, including hospitalization, to my child.

Waiver of Liability

I do hereby waive and release the District, its agents, volunteers, and employees from any claim or liability my child may have against them, including but not limited to damages resulting from personal injury or death, or property damage, or losses of any kind or nature caused by or resulting from my child's participation in activities, whether or not such injury, loss, or death was caused by negligence or from any other cause. I hereby recognize that this acknowledgement and liability waiver form will remain in effect for one year from the date signed and will cover my child during that time.

Parent Signature: _____

Date: _____