City of Leawood Parks and Recreation Waiver & Consent Statement

The City of Leawood, Parks and Recreation Department, requires all overnight campers to have a waiver and consent form signed before spending the night in cabins at Camp Ironwoods. Any campers without waivers will be asked to contact a parent or guardian for signed permission or be asked to leave the camp.

Please bring this form with you when you check into Camp Ironwoods.

I understand that, by participating in these activities, I, my child, or my dependent, accept the risk that injuries, damages, or even death may occur. In consideration of me, or my child or dependent, being allowed to participate in the City of Leawood Parks & Recreation Department programs, I forever release and hold harmless for myself, my heirs, executors, administrators, or assigns, the City of Leawood, Kansas and any of its employees, agents, and representatives, from any and all claims, demands, and causes of action arising out of any injuries, damages, or death caused to, or emergency medical treatment provided to me, my child, or my dependent from my or his/her participation in any said program. I give my permission for me, my child, or my dependent to receive emergency medical treatment when the City of Leawood staff deems it necessary.

I have read and understand the registration, cancellation, transfer, refund policies, and waiver statements.

Participant’s Name ________________________________ Reservation Date ________________

Participant’s Signature ______________________________ Date ________________

Parent/Legal Guardian Signature if under 18 ______________________________

Emergency Contact ______________________________ Emergency Phone __________________

Photo/Media Release

I grant to Ironwoods staff the right to use photographs of my self for use in materials they may create. Examples of such materials include, but are not limited to, brochures, program guides, for display in the nature center.

Signature ______________________________ Date ________________