

**CITY OF BANGOR
RELEASE FORM**

CHILD'S NAME _____ AGE _____

PARENT/GUARDIAN _____ TEL.# _____

PARENT/GUARDIAN _____ TEL.# _____

ADDRESS _____

Are there any medical conditions we should be aware of for the safety of your child?

In case of emergency contact the following individuals:

NAME _____ TEL.# _____

NAME _____ TEL.# _____

FAMILY PHYSICIAN _____ TEL.# _____

PLEASE READ THIS SECTION

I hereby give _____ permission to participate in the stream cleanup program on _____, 20____. I am aware by participating in this activity there is a risk of injuries or accidents, and will not hold responsible the City of Bangor, its employees, agents or volunteers, or owners or managers of properties adjacent to the stream, and waive all rights and claims against them.

In addition, I give the City of Bangor and its employees, agents, and volunteers permission to contact our physician, emergency medical personnel, and/or a hospital for medical treatment to be applied to my child in case of injury or accident.

I understand that volunteers may be included in photographic or other records, and I grant to the City of Bangor all rights to such images and records of my child arising from the volunteer services being provided.

All children participating in this stream cleanup must remain in the company of an adult at all times.

Date

Parent/Guardian signature

Date

Parent/Guardian signature