

# SCARBOROUGH COMMUNITY SERVICES

## WAIVER FORM

### Release, Assumption of Risk, and Emergency Medical Consent Form

I hereby give permission for my son/daughter/spouse/significant other, or myself to participate in any Community Services program/s as well as any activities I or my family register for or use, through Scarborough Community Services. We are aware that learning or participation in any activity may involve risk of injury. We fully understand that the Town of Scarborough, its agents, officers, and employees, accept no responsibility and will not be liable for any injury, harm, or damage to his/her/my person or property occurring during or arising out of participation in any program/s. To the fullest extent permitted by law, I do hereby agree to assume all risk of injury, harm, or damage to his/her/my person or property arising during or in connection with said program/s, including but not limited to transportation to or from said program/s, and I do hereby release the Town of Scarborough, its agents, officers, or employees, for injury, harm, or damage to his/her/my person or property that may arise or occur during or in connection with said program/s. And, further, I give permission for emergency medical treatment to be given to our child/ren or ourselves in case we or our emergency contacts cannot be reached by telephone.

NAME (PRINT)	SIGNATURE	DATE
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