

Wallingford Recreation CIT Parental Permission

I accept the risk associated with participation and agree to hold harmless the Town of Wallingford, its employees and volunteers, for any claim resulting out of injury. I agree to provide sufficient medical insurance as protection and acknowledge that the town of Wallingford does not provide such coverage. I authorize medical procedures to be performed in my absence when deemed necessary by a representative of the Town Recreation program or by a physician. My child will not attend if sick, has COVID-19 or was exposed to someone with COVID-19.

Parent/Guardian Signature: _____

Date: _____

Relationship to camper: _____