



**Marysville Safety Town 2022 Volunteer Sign Up
and Emergency Medical/Liability Form**

Marysville Safety Town will be held at Navin Elementary, 16265 Co Hwy 132, Marysville, OH 43040 :

Monday June 6—Thursday June 9, 2022: Morning session: 9am—12pm, Afternoon session: 1pm—4pm

First Name: _____ **Last Name:** _____

Phone: _____ **Email:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Parent/legal guardian full name: _____

Parent Phone : _____

Authorization for Emergency Medical Treatment

_____ In the event of an emergency, I grant permission for my child to be medically transported.

_____ I do not grant permission for my child to be medically transported in the event of an emergency.

Parent/Guardian Signature **Date**

Liability Waiver: I hereby grant permission for my son/daughter to volunteer with the Marysville Safety Town program. I, (legal guardian) acknowledge that participation in Marysville Safety Town Programs may involve some risk of physical injury due to the nature of activities. I understand that participation in these activities could and may present a risk of injury to my or my child's property or person and I knowingly accept the possible risk of falling, getting bumped or injured by another participant or equipment. In consideration for acceptance of these programs, I do hereby release and forever discharge, for myself, my heirs, executors and administrators, any and all claims to collect damages which my child may incur in these activities, and any and all rights to such damages against anyone responsible or associated with the Safety Town event, including, but not limited to the City of Marysville, the Union County Health Department, Marysville Exempted Village School Districts, the Union County Sheriff's Office, Memorial Health, their employees, agents, officers, volunteers, sponsors, or independent contractors. I further represent that my child is in good physical condition to participate in this program.

Parent/Guardian Signature **Date**

Photo Release: I do hereby consent to have the Marysville Safety Town Program photograph my child for Marysville Safety Town promotional or commemorative purposes. I further consent and acknowledge that said photograph may be published or reprinted. I acknowledge that by opting out my child may, through the course of the program, be photographed, but that photograph will not be reprinted, published or used for any promotional or commemorative purposes.

Parent/Guardian Signature **Date**

Emergency Contacts: Any person listed should be able to assist in contacting you. At least one person listed must be local, able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years old.

Emergency Contact Name	Emergency Contact Phone	Relationship to Participant
Emergency Contact Name	Emergency Contact Phone	Relationship to Participant

Known Allergies of Participant: _____

Other Health Concerns: _____

Current Medications: _____