

Neptune Township Municipal Alliance Summer Program 2017

Liability Release / Consent / Release / Permission

The Neptune Township Municipal Alliance supervisors / leaders / aides / employees and / or volunteers agree to abide by all safety and procedural guidelines for the provision of safe programs and activities.

I acknowledge the risks and potential for risks inherent in participation in the Alliance Summer Program. However, I feel the possible benefits to myself / my son / my daughter / my ward are greater than the risk assumed. I hereby, for myself and for **(Child's Name)** _____ waive and release all damages against the Township of Neptune and its representative personnel and hold the Township of Neptune harmless for any injuries, damages or losses I / my son / my daughter / my ward may sustain while participating in Neptune Township's Alliance Summer Program.

I further promise to indemnify the Township of Neptune for any damages, loses or expenses incurred by claims of third parties caused by the intentional wrong doing or negligence of myself or **(Child's Name)**

_____.

Date: _____ Initial Parent / Guardian

Survey Consent

I consent that my child may complete the Pre- and Post- Evaluation forms of the Alliance Summer Program, which are administered to each participant, and the group discussions combating substance abuse.

Date: _____ Initial Parent / Guardian

Photo Release

Please note that we periodically photograph participants in our program as they participate in group activities. By registering your child for participation in the Alliance Summer Program, you automatically give us the permission to use the photographs we take for promotional purposes.

Date: _____ Initial Parent / Guardian

Rules of Conduct

By registering your child for participation in our Alliance Summer Program program, you agree that you have read and will assist us in enforcing the Rules of Conduct provided.

Date: _____ Initial Parent / Guardian

Earning Trips

The participants in the Alliance Summer Program earn the privilege of trips by attending and actively participating in the Life Skills portion of the program, and by behaving appropriately throughout the program. Any decisions as to eligibility to attend will be made by the Alliance Coordinator and Recreation Director.

Date: _____ Initial Parent / Guardian

Date: _____ Signature: _____ Parent / Guardian

Please complete both sides and return to: Dawn Thompson, Neptune Township Municipal Alliance Coordinator, 2201 Heck Avenue, Neptune, NJ 07753 Telephone: (732) 869-1202 Fax: (732) 775-8951