

PASCO COUNTY PARKS, RECREATION AND NATURAL RESOURCES  
2020 – 2021 OUTDOOR SENSORY EVENTS  
HOPE SERVICES VOCATIONAL CAMP  
Participant Information/Waiver Form

Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_

**Parent/Guardian Information:**

Name: \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**If parent or guardian cannot be reached, who should be contacted in case of an emergency?**

Emergency Contact \_\_\_\_\_  
Name Phone #

Emergency Contact \_\_\_\_\_  
Name Phone #

**Initial all that apply**

- ❖ I give permission for participant's photograph to be used in promotional material \_\_\_\_\_
- ❖ I give permission for participant to view PG and PG13 movies \_\_\_\_\_
- ❖ I give permission for participant to partake in swimming sessions during camp \_\_\_\_\_

In addition to those listed above – People authorized to pick my child up from camp: (ID will be required at pick up):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Participation Waiver

I, the parent/guardian of the participant named above hereby give approval for his/her participation in the 2020 - 2021 Outdoor Sensory Events – Hope Services Vocational Camp, and hereby agree to defend, indemnify, and hold harmless the Pasco County Board of County Commissioners and all of its employees, agents, affiliated organizations, organizers, sponsors, supervisors, participants, subcontractors, and their agents for any injury or death caused by or resulting from participation in the activities provided by Pasco County, whether or not such injury or death was caused by or resulting from their negligence or any other cause.

Participant's Name: \_\_\_\_\_

Parent Guardian's Name (Please Print): \_\_\_\_\_

Parent Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_