

THE VILLAGE OF LOCKLAND, OHIO
101 N. COOPER AVENUE, LOCKLAND, OHIO

PARENTAL CONSENT FORM AND WAIVER OF LIABILITY
PERFECT NORTH SLOPES SNOW TUBING TRIP

Child's Name: _____ Parents' Names _____

Mailing Address: _____

Home Phone Number: _____ Parent Cell Phone Number: _____

Other Emergency Contact and Phone Number: _____

I hereby give permission for my child to participate in a trip to go snow tubing at Perfect North Slopes (the "Event") organized by the Village of Lockland Recreation Department. I understand and acknowledge that the Village of Lockland assumes no liability whatsoever for personal injuries or property damage to my child or to third persons arising out of my child's participation in this event. I hereby release, waive, covenant not to sue, indemnify and hold harmless the Village of Lockland, and all of its officers, agents, and employees (the "Releasees"), from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child or loss or damage to any property arising out of or related to participation in this Event.

I hereby give permission for my child to be transported to and from Perfect North Slopes by the Village or a third-party carrier retained by the Village for such purposes. I acknowledge that Perfect North Slopes is located in Indiana, and I consent to the transportation of my child across state lines.

In the event of an emergency, if the parent or guardian cannot be reached, I authorize the Village of Lockland employees in whose care my child has been entrusted to consent to any necessary medical or dental treatment to be rendered to my child. I will be liable and agree to pay all costs and expenses incurred in connection with such medical or dental services rendered to my child pursuant to this authorization.

In the event any portion of this Parental Consent Form and Waiver of Liability is held to be invalid, the remainder shall continue in full force and effect.

Signature of Parent or Guardian

Date