

# Waiver and Release

Bonnet Shores Fire District Summer Camp 2024  
130 Bonnet Shores Road, Narragansett, RI 02882

Office: 401-789-4540, cell 401-895-0099 Email: [district.manager@bonnetshores.org](mailto:district.manager@bonnetshores.org)

Child's Name \_\_\_\_\_

I hereby agree to permit my child to participate in the above program sponsored by the recreation department of Bonnet Shores Fire District, its officers, directors, employees and agents (herein collectively called "the Town") upon the understanding and conditions that:

I acknowledge that the Town has advised me of the medical risks that may result in such participation and I represent to the town that I have consulted my child 's personal physician and that my child is physically capable of such participation without injury.

- I hereby waive and release the Town from all claims, liabilities and expenses arising from my child's participation in the said program with the exception of claims resulting from gross negligence or willful misconduct on the part of the Town.
- I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.
- I hereby execute and deliver this waiver and release to induce the Town to permit my child to participate in this program.
- I hereby give permission for the Bonnet Shores Fire District Camp to use photographs for publicity, illustration, advertising and web content.

**IN WITNESS WHEREOF, I have signed this waiver and release.**

Parent/Legal Guardian (Please print) \_\_\_\_\_

Signature: Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please let us know how your child will be arriving at and leaving from camp (e.g. walking, dropped off by parent /guardian:

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(If other than Parent/Guardian, provide name and contact information:)

\_\_\_\_\_

Name

\_\_\_\_\_

Cell Number