

**EAST HANOVER SUMMER PLAYGROUND---2021**

**Playground is offered to E.H. children entering 1st grade in the fall through 8th grade.**

**JUNE 28TH TO AUGUST 6TH / 9:00AM TO 1:00PM**

**FEE: \$225.00 / \$215.00 FOR EACH ADDITIONAL CHILD IN FAMILY**

**Checks payable to: Township of East Hanover--\$20.00 return check fee**

**NO REFUNDS AFTER FIRST WEEK**

**Last Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Gr (fall)** \_\_\_\_\_ **Boy or Girl** (circle)

\_\_\_\_\_ **Gr.(fall)** \_\_\_\_\_ **Boy or Girl**

\_\_\_\_\_ **Gr.(fall)** \_\_\_\_\_ **Boy or Girl**

**Home Address:** \_\_\_\_\_ **EAST HANOVER**

**Parent/Guardian:** \_\_\_\_\_ **PHONE#** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **PHONE#** \_\_\_\_\_

**Health Insurance Carrier:** \_\_\_\_\_ **Policy #** \_\_\_\_\_

**Any medical problems to be aware of:** \_\_\_\_\_

\_\_\_\_\_

**The following people are able to pick up my Child/Children from Summer Playground:**

**Name:** \_\_\_\_\_ **/ Name:** \_\_\_\_\_

**Parental waiver & consent form:** As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate in the E.H. Summer Playground. In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the Township of East Hanover, Recreation Department and staff for any injury that may be suffered by my child in the normal course of participation in this program.

\_\_\_\_\_  
(child/childrens names)

\_\_\_\_\_  
(parent/guardians name)

\_\_\_\_\_  
(date)

**Disclaimer:** In the event that my child should have a sudden illness or accident at the E.H. Summer Playground, I understand that the staff will attempt to reach me for instructions. If I cannot be reached immediately or if the situation is viewed as critical by the staff member in charge, I authorize the staff to request assistance from the paramedics. It is understood that every effort possible will be made to contact the undersigned before treatment if given, but that treatment will not be withheld if I cannot be reached. It is also understood that I will be responsible for all costs involved in the treatment of my child.

\_\_\_\_\_  
(parent/guardians signature)

\_\_\_\_\_  
(date)

**TOWNSHIP OF EAST HANOVER**

**WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19 FOR PARTICIPANTS (MINORS)**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. It is reported to be extremely contagious, with no known treatments, cure or vaccine. COVID-19 is believed to spread mainly from person-to-person contact, however the exact methods of spread and contractions are still unknown. People reportedly can be infected and show no symptoms and therefore spread the disease. Evidence has shown that COVID-19 can cause serious and potentially life threatening illness and even death.

**East Hanover Recreation Department has put in place preventative measures that abide by the NJ State Department of Health Guidelines to reduce the spread of COVID-19, however East Hanover Recreation Department cannot prevent you or your child from becoming exposed to, contracting, or spreading COVID-19 while participating in recreation sponsored programs or events. It is not possible to prevent against the presence of the disease. Therefore, if you or your child choose to participate in any programs or events you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.**

I hereby forever release and waive my right to bring suit against the Township of East Hanover, its departments, agencies, boards, commissions, officers, officials, agents, servants, administrators, and employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to (as a result of participating in a recreation sponsored program/event). I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

*I am prepared to confirm that myself nor my child nor anyone in the family (household) has any knowledge of testing positive for COVID-19 in the last 14 days, being in contact with someone who has tested positive for COVID-19 in the last 14 days and that myself nor my child nor anyone in my household is presenting any of the following symptoms of COVID-19 listed here: Fever, Shortness of Breath, Loss of Sense of Taste or Smell, Dry Cough, Runny Nose, Sore Throat, or Rash.*

**I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE.**

**I hereby do consent to the terms and conditions of this release:**

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

Parent/Guardian NAME PRINTED: \_\_\_\_\_