

SAFETY TOWN WAIVER

I _____, wish to have my child, _____, participate in the Urbana Police Division Safety Town Program. I agree that the City of Urbana, Champaign County Job and Family Services, and the Urbana City Schools will not be responsible for any accident or injury occurring to my child while they are participating in this program. I do hereby give the City of Urbana the right to use my child's photograph in all forms and media and in all manners, and I waive any right to inspect or approve the finished product, which may be created in connection therewith.

I have read this release of liability and assumption of risk agreement and fully understand its terms.

Parent/Guardian: _____ Date: _____

Permission to treat in the event of an emergency

I hereby grant to the City of Urbana to submit the above named participant to the proper medical treatment facility in the event of an emergency or life-threatening situation, only in the absence of a parent or guardian.

Parent/Guardian: _____ Date: _____