



# Iowa City Emergency Services Youth Camp Parental Consent & Media Waiver 6<sup>th</sup>-8<sup>th</sup> Grades

I understand that my child will be attending and participating in activities as part of the Iowa City Emergency Services Youth Camp. I understand the Camp may involve physical activities that may be difficult or strenuous. I understand and accept any risk associated with my child attending the Camp and participating in those activities.

I understand that no fee is being charged for my child’s participation, and that I agree to release and hold harmless, and covenant not to sue the **City of Iowa City** and its employees, officers, agents, and volunteers (Released Parties) for any personal injury or property damage I or my child may suffer. As part of the consideration for providing this Camp, and allowing my child to participate, I agree to defend and indemnify the Released Parties against any claims whatsoever that may arise by virtue of my child’s participation in the Camp.

I HAVE READ THIS DOCUMENT CAREFULLY, AND UNDERSTAND IT. I AM SIGNING THIS FREELY AND WITHOUT RESERVATION OR CONDITION. (IF YOU HAVE ANY QUESTIONS ABOUT THIS DOCUMENT DO NOT SIGN IT. CONTACT AN ATTORNEY TO ASSIST YOU)

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*Parent/Guardian* *Date* *Student*

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*Iowa City Emergency Services Youth Camp (6<sup>th</sup>- 8<sup>th</sup> Grades) 2018 Schedule*

July 9-10, 2018, 8:00-4:00 daily

Meet at Iowa City Fire Station #4, 2008 N. Dubuque Road, Iowa City, IA 52240

**THIS RELEASE IS VALID FOR A MAXIMUM OF ONE YEAR FROM DATE SIGNED**



## Iowa City Emergency Services Youth Camp Parental Consent & Media Waiver 6<sup>th</sup>-8<sup>th</sup> Grades

\_\_\_\_\_ (*Student*) desires to participate in the Iowa City Emergency Services Youth Camp to be conducted by the Iowa City Fire Department / Iowa City Police Department / Johnson County Ambulance Service for youth with an interest in Emergency Services career path. In an attempt to promote future participation in the Iowa City Emergency Services Camp(s), local media may be photographing/recording or interviewing participants.

PLEASE CHECK THE APPROPRIATE BOX BELOW AND SIGN

YES, I agree to the use of my child's picture/interview for the current or future events

NO, I do not want my child photographed or interviewed

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*Parent/Guardian*

*Date*

*Student*

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