

Consent For Emergency Treatment and Release of Liability

If emergency treatment is required, I consent to Tredyffrin Township Recreation Program personnel using their judgment in securing medical services most accessible, providing none of the above parent/guardians can be reached. Ambulance cost is my responsibility. Parent/guardian must be at the hospital to assure medical treatment. **Release:** I release Tredyffrin Township from all claims that may result from participation in the above activities. I/my child will abide by the rules and regulations set forth by Tredyffrin Township Parks & Recreation relating to participation in the above activities.

Adult/Parent/Guardian Signature

Date