



SPECIAL POPULATIONS PROGRAM

Salina Parks & Recreation
300 W. Ash St. Room #100
Salina, KS 67401
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PARTICIPANT CONSENT / MEDICAL TREATMENT FORM

In the event that the individual(s) registered in any Salina Parks & Recreation sponsored program(s) may be in need of treatment at any emergency room or medical care facility, the participant's instructor, or any employee of the City of Salina Parks & Recreation Department and/or other sponsoring agencies, has my consent to authorize treatment for the participant(s) by the doctor(s) of their choosing as the doctor(s) may deem necessary.

I, the undersigned, do hereby acknowledge that I have granted permission for me to participate in any and all programs(s) with full knowledge of the risks involved and I hereby agree to assume those risks and to hold the city of Salina Parks & Recreation Department, other sponsoring agencies and all of their representatives free from liability for any injury, harm, or complication resulting from said participation in any and all program(s). Furthermore, I do understand that accident insurance is not provided by the City of Salina Parks & Recreation Department and/or other sponsoring agencies, and I hereby agree to assume full responsibility for any and all medical expenses resulting from any accidents or injuries suffered by me and/or my child while participating in said program(s).

I also acknowledge that the City of Salina Parks & Recreation Department may take photographs of me while participating in Parks & Recreation sponsored activities and I grant permission for the Parks & Recreation department to use said photographs for the purpose of promoting and informing the community about Parks & Recreation activities.

Signature _____ Date _____