



**CITY OF SALEM, MASSACHUSETTS**  
 DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT  
 98 WASHINGTON STREET, 2<sup>ND</sup> FLOOR  
 978-619-5685



**Yellow Bird Theatre Camp**

Participant Name: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Parent/Guardian Name 1: \_\_\_\_\_ Phone 1: \_\_\_\_\_

Parent/Guardian Name 2: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Email 1: \_\_\_\_\_

Email 2: \_\_\_\_\_

In case of emergency and parents can not be reached at the numbers above:

Emergency Contact Information: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_ Phone: \_\_\_\_\_

Disability, allergy or medical information: \_\_\_\_\_

Approved Pickups from Program (other than parent).

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Dismissal Notes: \_\_\_\_\_

**Release:** In consideration of being permitted to participate in any way in the City of Salem’s Department of Planning and Community Development Arts & Culture Program Yellow Bird Theatre Camp in partnership with Liars & Belivers, I, for myself, my personal representatives, assigns, heirs, and next of kin and if applicable for my child here by do:

1. ACKNOWLEDGE, agree and represent that I understand the nature of the Program and that my child is qualified, in good health, and in proper physical condition to participate in such Program. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Program.
2. FULLY UNDERSTAND that: (a) PHYSICAL ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH (“RISKS”); (b) these Risks and dangers may be caused by my child or my own actions or inactions, the actions or inactions of others participating in the Program, the condition in which the Program takes place, or THE NEGLIGENCE OF THE ‘RELEASES’ NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time, and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Program.
3. RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the City of Salem, its employees, officials and agents, and if applicable owners and lessors of premises on which the Program takes place (Liars & Belivers

Inc.), and any other party indemnified and held harmless by the City (each considered one of the "RELEASES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS, NEGLIGENT SECURITY, TRAVEL, AND RECREATIONAL OPERATIONS AND ACTIVITIES; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Release's, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

4. **Medical:** Should the participant(s) named above require emergency medical attention, I hereby grant permission to the City of Salem to contact medical services and grant permission to the appropriately trained personnel to undertake administration of any medical procedures deemed necessary or advisable. I understand, however, that every reasonable effort, under the circumstances, will be made to contact the emergency contact person or legal guardian in the event of an emergency. The City of Salem does not provide accident of hospitalization insurance for participants of its programs. All participants are advised to have adequate personal coverage. Please consider participant's own health, experience, and tolerance for risk before participating in any program.
5. **Photo Release:** I hereby given my permission to use photographs of my child (children) engaged in the summer camp activities and following public performance by the City of Salem and Liars & Believers for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content. Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Yes: \_\_\_ No: \_\_\_

6. **COVID Protocols:** *For the continued protection of the public and City staff, masks are required to be worn over the mouth and nose when inside all Salem City buildings until further notice. This requirement applies to both the public and staff, as reflected in the City's "Safe Workplace and Reopening Policy 4" available at [www.salem.com/covid](http://www.salem.com/covid). We will also use hand sanitizer for proper hand hygiene.* The City of Salem and summer camp staff has permission to give my child hand sanitizer to wash their hands during the program and require them to wear a mask over their nose and mouth when in doors.

**I the undersigned here by to agree to the above and authorize my child (children) to participate in this summer program.**

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Important Notes:** Salem Resident Youth ages 7-17 are eligible to apply. This camp can only accommodate up to 30 students. Slots will be assigned on a first come first served basis. This camp is 100% FREE, there is no fee for participation.

**Please fill out, sign, and return this form to:**

Beth Forrestal at [bforrestal@salem.com](mailto:bforrestal@salem.com) or by bringing a hard copy to the office of Planning and Community Development, 98 Washington St. 2<sup>nd</sup> Floor, Salem, MA 01902.

**For Questions: Call 978-619-5685 or Email [jbarry@salem.com](mailto:jbarry@salem.com) or [bforrestal@salem.com](mailto:bforrestal@salem.com)**