



INCORPORATED VILLAGE OF BELLEROSE

SUMMER DAY CAMP 2026 • PARENTAL INFORMED CONSENT & LIABILITY WAIVER

July 6–10, 2026 • 9:00 AM – 12:00 Noon • 50 Superior Road, Bellerose Village, NY 11001

Participant / Child Name(s)

Parent / Guardian Full Name

READ CAREFULLY BEFORE SIGNING — This Agreement waives certain legal rights, including the right to sue for negligence. Consult an attorney if you have questions.

1. ASSUMPTION OF INHERENT RISK

Parent/Guardian acknowledges that participation in outdoor recreational activities involves inherent risks, including but not limited to: falls and physical injury, heat exposure, insect or environmental allergen contact, dehydration, peer conflicts, and exposure to communicable illness. Parent/Guardian voluntarily assumes all such risks on behalf of themselves and the Participant.

2. EMERGENCY MEDICAL AUTHORIZATION

If the Participant requires emergency medical care and Parent/Guardian cannot be reached promptly, Parent/Guardian authorizes the Village to call 911 and consent to such emergency treatment as a licensed medical professional deems necessary. Parent/Guardian assumes full financial responsibility for resulting medical expenses. No medication will be administered by camp personnel without a separate written Medication Administration Authorization on file.

3. LIABILITY WAIVER, RELEASE & COVENANT NOT TO SUE

In consideration of the Participant's enrollment in the Program, and to the fullest extent permitted by the laws of the State of New York, Parent/Guardian, on behalf of themselves, the Participant, and their respective heirs and legal representatives, HEREBY RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE the Incorporated Village of Bellerose, its elected officials, officers, employees, agents, and volunteers ("Released Parties") from any and all claims, damages, and liabilities arising from the Participant's participation in the Program, including claims arising from the NEGLIGENCE of the Released Parties, except in cases of gross negligence, recklessness, or intentional misconduct. Parent/Guardian further agrees to INDEMNIFY and HOLD HARMLESS the Released Parties from any third-party claims arising from the Participant's conduct or Parent/Guardian's breach of this Agreement.

4. HEALTH, PHOTOGRAPHIC CONSENT & PROGRAM RULES

Parent/Guardian agrees not to send the Participant to camp while symptomatic of illness (fever, vomiting, diagnosed communicable disease) and will arrange pickup within one hour of notification. Photographic and video consent is governed by the election made on the Registration Application. Parent/Guardian agrees the Participant will comply with all Program rules; the Village reserves the right to remove any Participant for conduct detrimental to the safety or well-being of others, without refund. This Agreement is governed by the laws of the State of New York; any dispute shall be subject to the jurisdiction of the courts of Nassau County.

BY SIGNING BELOW, I certify that I have read this Agreement in its entirety, fully understand its terms, and execute it FREELY AND VOLUNTARILY. I have full legal authority to sign on behalf of the Participant.

Signature of Parent / Guardian

Date

Print Full Legal Name of Parent / Guardian

Home / Cell Phone

Email Address

Relationship to Participant

Received by / Date

Application / File #

Payment Verified

For Village Use Only



INCORPORATED VILLAGE OF BELLEROSE SUMMER DAY CAMP 2026

Session #1: July 20–24, 2026 | Session #2: July 27–31, 2026 | 9:00 AM – 12:00 Noon | Fee:
\$50.00 per child per session

★ APPLICATIONS AND PAYMENT MUST BE RECEIVED BY JUNE 20, 2026 ★

CHILD / APPLICANT INFORMATION

Complete one section per child. Attach additional sheets for more than two children.

Child 1

Child's Full Name (First, MI, Last)

Gender

Male Female Non-binary / Other

Session(s) for this child:

Session #1 — July 20–24, 2026

Session #2 — July 27–31, 2026

Date of Birth (MM / DD / YYYY)

Age

Address (if different from parent / guardian)

School Attending in 2025–2026

Grade Entering Fall 2026

Child 2

Child's Full Name (First, MI, Last)

Gender

Male Female Non-binary / Other

Session(s) for this child:

Session #1 — July 20–24, 2026

Session #2 — July 27–31, 2026

Date of Birth (MM / DD / YYYY)

Age

Address (if different from parent / guardian)

School Attending in 2025–2026

Grade Entering Fall 2026

PARENT / GUARDIAN INFORMATION

Parent / Guardian Full Name

Relationship to Child

Home Address

City

State

ZIP Code

Home / Cell Phone Number

Email Address

EMERGENCY CONTACT (OTHER THAN PARENT / GUARDIAN LISTED ABOVE)

Emergency Contact Full Name

Relationship to Child

Primary Phone Number

Alternate Phone Number

HEALTH INFORMATION & ALLERGIES

Does your child have any known allergies (food, insect, medication, environmental, or other)?

Yes No

If yes, please describe the allergy / allergen and any required treatment or medication:

Does your child have any other medical conditions, physical limitations, or special needs staff should be aware of?

PAYMENT INFORMATION

Fee: \$50.00 per child per session. Please make check payable to: Village of Bellerose

Sessions Registered (circle): #1 #2 Both

Number of Children

Check Number

Check Amount (e.g., \$50 / \$100 / \$200)

PHOTOGRAPHIC / VIDEO CONSENT

During Bellerose Village Summer Day Camp, photographs and/or video recordings may be taken of participants for use in Village publications, the Village website, social media, and promotional materials.

- I GRANT permission for my child(ren) to be photographed / video-recorded for Village use.
 I DO NOT grant permission for my child(ren) to be photographed / video-recorded.

PARENTAL / GUARDIAN CONSENT & RELEASE

By signing below, I/we, the parent(s) or legal guardian(s) of the above-named child(ren), grant permission for participation in the Bellerose Village Summer Day Camp (Session #1: July 20–24 and/or Session #2: July 27–31, 2026). I/we acknowledge that I/we have read and completed this application truthfully and completely. I/we agree to hold harmless and release the Village of Bellerose, its officers, employees, and volunteers from any and all liability arising from my child's participation in camp activities, except in cases of gross negligence. I/we consent to emergency medical treatment being administered if I/we cannot be reached in a timely manner.

Signature of Parent / Guardian

Date

Print Name of Parent / Guardian

Please mail completed application and check to:

Village Clerk | Incorporated Village of Bellerose | 50 Superior Road, Bellerose Village, NY 11001

Questions? Contact the Village Clerk's office at villageclerk@bellerosevillage.gov