



Neptune Township Municipal Alliance Summer Program 2016

Liability Release / Consent / Release / Permission

(Child's Name) _____ would like to participate in the Alliance Summer Program offered through the Neptune Township Municipal Alliance. The Alliance Summer Program supervisors / leaders / aides / employees and / or volunteers agree to abide by all safety and procedural regulations required for the provision of safe programs and activities. I acknowledge the risks and potential for risks inherent in participation in the Alliance Summer Program, however, I feel the possible benefits to myself / my son / my daughter / my ward are greater than the risk assumed. I hereby, for myself and for

(Child's name) _____ waive and release all damages against the Township of Neptune and its representative personnel and release all damages against the Township of Neptune, for any and all injuries and / or losses I / my son / my daughter / my ward may sustain while participating in the Alliance Summer Program.

Date: _____ Initial Parent / Guardian

Survey Consent

I consent that my child may complete the Pre- and Post- Evaluation forms of the Alliance Summer Program, which are administered to each participant, and the group discussions combating substance abuse.

Date: _____ Initial Parent / Guardian

Photo Release

Please note that we periodically photograph participants in our program as they participate in group activities. By registering your child for participation in the Alliance Summer Program, you automatically give us the permission to use the photographs we take for promotional purposes.

Date: _____ Initial Parent / Guardian

Rules of Conduct

By registering your child for participation in our Alliance Summer Program program, you agree that you have read and will assist us in enforcing the Rules of Conduct provided.

Date: _____ Initial Parent / Guardian

Earning Trips

The participants in the Alliance Summer Program earn the privilege of trips by attending and actively participating in the Life Skills portion of the program, and by behaving appropriately throughout the program. Any decisions as to eligibility to attend will be made by the Alliance Coordinator and program staff.

Date: _____ Initial Parent / Guardian

Date: _____ Signature: _____ Parent / Guardian

***Please complete both sides and return to:**

Telephone: (732) 869-1202
Fax: (732) 775-8951

Dawn Thompson
Neptune Township Municipal Alliance Coordinator
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Neptune, NJ 07753