



Shoe Release Form

As a parent/guardian of a registrant of the Therapeutic Recreation Unit (year/season) _____ Day Camp program, I am aware that in order to reduce risks, Conejo Recreation & Park District requires all campers to wear closed toe shoes.

However due to my child's disability, I am requesting that my child be allowed to:

_____.

On a daily basis, a safety walk is conducted at Old Meadows Center to check for evident hazards. This includes checking the grass area for sharp objects, trash, broken glass, beehives around trees and excessive sand on cement areas.

Conejo Recreation & Park District will exert reasonable caution and routinely conduct a visual inspection of the park facilities looking for sharp objects, trash, broken glass and other items which may cause cuts or injuries.

Despite this inspection, Conejo Recreation & Park District cannot guarantee that hazards such as those listed above will not exist. By signing this form, I acknowledge these potential hazards may exist. By signing this form, I acknowledge these potential hazards may exist. On behalf of myself and my minor child, I hold the District, its elected officials, officers, employees and volunteers harmless from all claims, injuries or liability which arise directly or indirectly from the District approving the above request.

Print child's name

Parent Name

Parent/ Guardian's signature

Date