



RELEASE FORM

I hereby request that _____ (Name of Applicant) be enrolled in Jackson County Parks + Rec's Special Recreation Service Programs and/or KC Power & Speed Co. I authorize the Special Population Services Staff and/or Open Options, Inc. to act for me according to their best judgement ability in an emergency requiring medical or surgical care.

In case of accident, injury or loss, I hereby waive and release Jackson County, Missouri and all elected or appointed officials, employees, instructors and volunteers of Jackson County, and any other persons in any other way connected or associated with the Special Population Service programs including Open Options, Inc. from any liability of any nature for injury or damages resulting from or arising out of applicant's participation in the program.

I grant permission for the applicant to travel to and take part in activities which may take place outside the Special Population Services and Open Options, Inc. area and to go on scheduled field trips and sporting events.

In consideration of the furtherance of the purposes, objectives and work of the programs, I the undersigned hereby grant permission to the Special Population Services Staff and Program and the Open Options, Inc. to take pictures of me or applicant when directly involved in the program and to use my/his/her name with news releases, publicity, education, or other public relation functions.

Signature of Parent, Legal Guardian or
Applicant (if over 18)

Date