





For Office Use Only  
Received

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

Time: \_\_\_\_\_

Staff: \_\_\_\_\_

**Child's Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Race:  African American/Black  American Indian  Alaskan Native  Asian  Caucasian/White

Pacific Islander  Multi Racial: (Specify): \_\_\_\_\_

Ethnicity:  Latino  Not Latino

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

T-Shirt Size: Child: XS  S M  L  XL Adult: S M L XL 2XL Other \_\_\_\_\_

**Parent/Guardian Information**

Parent #1 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Parent #1 Home Phone: (\_\_\_\_)\_\_\_\_\_ Work/Cell Telephone: (\_\_\_\_)\_\_\_\_\_

Email address \_\_\_\_\_

Parent #2 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Parent #2 Home Phone: (\_\_\_\_)\_\_\_\_\_ Work/Cell Telephone: (\_\_\_\_)\_\_\_\_\_

Email address \_\_\_\_\_

Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Emergency Contact other than a Parent/Guardian**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone #: (\_\_\_\_)\_\_\_\_\_ Relationship: \_\_\_\_\_





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**Camp Departure Authorization**

Please check one of the following. My child will leave camp by:

- Walking home
  Taking the bus/public transportation
  Getting picked up by me or my designee (listed below)

**NOTE:** All changes to how a camper will leave camp must be submitted in writing prior to any changes becoming effective.

**Designated Pick Up**

The following persons in addition to those listed above are designated to pick my child up from camp:

| Name | Phone Number | Relationship |
|------|--------------|--------------|
| 1.   |              |              |
| 2.   |              |              |
| 3.   |              |              |
| 4.   |              |              |

**NOTE:** All designees are required to present photo ID at the time of pick-up.

**Medical Information and Health History**

Child's Medical Insurance: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Preferred Physician: \_\_\_\_\_ Physician's contact#: (\_\_\_\_) \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

**Medical Conditions**

Are there any medical conditions?  Yes  No

If yes, please name diagnosis and describe:

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**Allergies**

No known allergies    Child is allergic to:    Food    Medicine    Environment    Other

Please describe below what the child is allergic to and the reaction seen when the child comes into contact with his/her allergen.

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Does the child use an EpiPen?                       Yes                       No

**Diet/Nutrition**

Regular Diet       Vegetarian Diet       Lactose Intolerant       Gluten Intolerant       Other

Please describe any dietary restrictions.

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**Mental, Emotional, and Social Health**

**Has the camper:**

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADHD)  Yes  No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder?  Yes  No
3. During the past 12 months, seen a professional to address mental/emotional health concerns?  Yes  No
4. Had a significant life event that continues to affect the camper’s life? (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, other)  Yes  No

Please explain “yes” answers below.

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**Special Needs**

1. Does the child have any special needs?  Yes  No
2. Does the child require any reasonable accommodations?  Yes  No
3. Please describe any special needs and accommodations required?

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**Other Necessary Information**

Have we forgotten to ask something critical to the safety and wellbeing of your child? Please provide any additional information about the camper’s health that you think is important or may affect the camper’s ability to fully participate in the camp program in the space below.

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Permission for Mental Health Professional to contact parent, if needed:  Yes  No

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician.

Signature of Custodial Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_





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| Staff: _____                            |

**2021 Summer Camp Registration Questionnaire**

\*\*\* The information in this questionnaire is used for grant and reporting purposes only. Copies of support documentation such as check stubs, award letters, etc., along with proof of residency, are required to complete registration.

**Child Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

**Parent/Guardian Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

**Household size: circle the number of family members living in your household**

*\*Household means all person(s) who occupy a housing unit. The occupants may be single family, one person living alone, two or more families living together, or any other group of related or unrelated person who share living arrangements.*

1
2
3
4
5
6
7
8
Over 8  
**Gross income and ethnicity (check the space in columns that most accurately describes your household):**

|  |  |
|--|--|
| <p><b>GROSS INCOME (please check only one)</b></p> <p><input type="checkbox"/> \$ 0.00 – \$ 36,750.00</p> <p><input type="checkbox"/> \$ 36,751.00 – \$ 42,000.00</p> <p><input type="checkbox"/> \$ 42,001.00 - \$ 47,250.00</p> <p><input type="checkbox"/> \$ 47,251.00 - \$ 52,500.00</p> <p><input type="checkbox"/> \$ 52,501.00 - \$ 56,700.00</p> <p><input type="checkbox"/> \$ 56,701.00 – \$ 60,900.00</p> <p><input type="checkbox"/> \$ 60,901.00 - \$ 65,100.00</p> <p><input type="checkbox"/> \$ 65,101.00 - \$ 69,300.00</p> <p><input type="checkbox"/> \$ Over – \$ 69,301.00</p> | <p><b>RACE/ETHNICITY (please check all that apply)</b></p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> White/Caucasian</p> <p><input type="checkbox"/> Black/African American &amp; White</p> <p><input type="checkbox"/> Hispanic/Latino</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Asian &amp; White</p> <p><input type="checkbox"/> American Indian/Alaskan Native</p> <p><input type="checkbox"/> Pacific Islander/Native Hawaiian</p> <p><input type="checkbox"/> Other _____</p> |
|--|--|

**Household Type (Check the best description of your household):**

- Single Parent, Female Head of Household
  Single Parent, Male Head of Household  
 Two Parent Household

*I certify that all the information provided herein is true and correct and that all household income is reported.*

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date





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

Time: \_\_\_\_\_

Staff: \_\_\_\_\_

Release of Information

This page consists of a series of policies and releases. Please read carefully and acknowledge with your initials next to each item.

Child Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Parent/Guardian Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Table with 2 columns: Initials, Releases/Description. Rows include Consent for Health Care, Field Trip, Swim Release, Consent for Emergency Treatment, and Photo Release.

I certify that I have read all the releases above and my signature by each statement signifies that I understand the content and liabilities of all parties.

Parent/Legal Guardian Signature

Date



New Orleans Recreation Development Commission
5420 Franklin Avenue · New Orleans, Louisiana 70122
504-658-3052 · 504-658-3050 (fax)

www.nordc.org

Facebook Twitter YouTube NORDCommission



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**2021 Swim Release Form**

All participants of the NORD Aquatics program must have a current and completed release/registration form on file. The program(s) schedule below is for information purposes and registration does not guarantee enrollment. Final scheduling and enrollment decisions will be made on site by swim instructor and program management.

**Children 48 inches and under are not allowed to enter the pools without one-on-one adult supervision in the pool at all times.**

Participant Name (First): \_\_\_\_\_ (Last): \_\_\_\_\_

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

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Parent/Guardian Name (First): \_\_\_\_\_ (Last) \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ Secondary Phone (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name (First): \_\_\_\_\_ (Last): \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Relationship to Child/Participant: \_\_\_\_\_

**Release of Liability**

Please read this form carefully and be aware that for participation in the program(s), you will be waiving and releasing all claims for injuries you or your child (children) might sustain arising out of the program(s). I recognize and acknowledge that there are certain risks of physical injury to participants in the program(s) and I agree to assume the full risk of any such injuries, damages, or loss regardless of severity which I or my child (children) may sustain as a result of participating in any of the program(s). I hereby fully release and discharge the City of New Orleans, NORD and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or my child (children), and arising out, connected with, or in any way associated with activities of any of the programs.

\_\_\_\_\_  
Parent/Guardian/Adult Signature

\_\_\_\_\_  
Date







## ASSUMPTION OF RISK, LIABILITY WAIVER & RELEASE

### NORD YOUTH PROGRAMS 2020-2021

The City of New Orleans (the “**City**”) and the New Orleans Recreation Development Commission (“**NORD**”), welcomes your minor child’s participation in NORD’s Youth Program (“**Program**”). During this challenging time, the City and NORD have endeavored to provide an engaging Program that will accomplish the valuable public purpose of providing educational, recreational, and/or economic opportunities for your youth and/or teens.

That said, the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization (“**WHO**”). **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregating of groups of people.

The City and NORD have put in place preventative measures in an effort to reduce the spread of COVID-19; however, the City and NORD **cannot** guarantee that you or your child(ren) will not become infected with COVID-19. Further, **attending the Program could increase** your risk and your child(ren)’s risk of contracting COVID-19.

To that end, the City and NORD are requiring all parents or legal guardians to complete the following liability waiver and release form before your minor child(ren) attend any NORD Program.

I, \_\_\_\_\_, hereby certify that I am the parent or legal guardian of \_\_\_\_\_, a minor child under the age of eighteen (18) years, and I consent to his/her participation in the Program and accept full responsibility for my minor child to participate and engage in any and all programs, lessons, classes, activities, exhibits, events and/or use of equipment (the “**Activities**”) throughout the course of the Program. To that end, this Assumption of Risk, Liability Waiver and Release (the “**Release**”) shall cover all use of the Program facility or site (the “**Site**”), including any and all Activities at the designated Site. The Release is effective as of the date of execution by the parent or legal guardian (the “**Effective Date**”).

1. **Coronavirus/COVID-19.** By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by my child(ren) attending the Program and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Site may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City and/or NORD, their employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance or participation in the Program ("**Claims**"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the City and/or NORD, their employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the City and/or NORD, their employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Program.

In addition, the undersigned acknowledges that COVID-19 infections have been confirmed throughout the United States, with over 6,000 confirmed cases in New Orleans alone. In accordance with the most recent guidance and protocols issued by WHO, the Centers for Disease Control and Prevention ("**CDC**"), and the Louisiana Department of Health, for slowing the transmission of COVID-19, the undersigned hereby agrees, represents, and warrants that neither the undersigned nor such participating children shall visit or utilize Sites, services, or Program within fourteen (14) days after exposure to any person who has a suspected or confirmed case of COVID-19. Furthermore, the undersigned hereby agrees, represents, and warrants that neither the undersigned nor such participating children shall visit the Sites or attend the Program if he or she (i) experiences symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath, or (ii) has a suspected or diagnosed/confirmed case of COVID-19. The undersigned agrees to notify the City and NORD immediately if he or she believes that any of the foregoing access/use restrictions may apply.

2. **Waiver and Release.** To the fullest extent permitted by law, I do hereby agree to waive, release, hold harmless and indemnify the City, as well as any of its departments, boards, commissions, agents, employees, officials, insurers, self-insurance funds, and assigns, including NORD (the "**Released Parties**") from and against any and all present or future costs, expenses, disputes, suits, demands, claims, causes of action, losses or liabilities for loss of life or injury to person or property, which may now or hereafter exist, including, but not limited to, Claims which arise out of, are related to, concern, or are suffered by said minor child, Claims for which said minor child may be liable to any other person, or Claims related to said minor child's participation in the Activities at the Sites during the Program regardless of the cause or fault.
3. **Medical Treatment.** I hereby release and forever discharge the City from any claim whatsoever which arises or may hereafter arise on account of first-aid treatment or other medical services rendered in connection with an emergency during my minor child's time with the City and NORD. I further authorize the City's employee or agent supervising the NORD Program to secure medical care for my minor child in the event of injury. I promise to assume liability for payment and hold harmless the Released Parties.
4. **Assumption of the Risk.** I hereby expressly and specifically assume the risk of injury or harm in my minor child's participation in any and all activities at the Sites. I further understand and agree that any materials supplied to the minor child for the Activities will be "as is", and that the City disclaims all warranties, express or implied, including warranties of merchantability and fitness for a particular purpose. I release the City and/or NORD from all liability for injury, illness, disease, death or property damage resulting from participation in the Program, INCLUDING, BUT NOT LIMITED TO,

CLAIMS AND DAMAGES ARISING IN WHOLE OR IN PART FROM THE NEGLIGENCE OF THE CITY OF NEW ORLEANS AND/OR THE PARTIES RESPONSIBLE FOR OPERATING THE VARIOUS PROGRAM(S). IT IS UNDERSTOOD AND AGREED THAT THE INDEMNITY PROVIDED FOR IN THIS SECTION IS AN INDEMNITY EXTENDED BY THE PARENT OR LEGAL GUARDIAN OF THE MINOR CHILD TO INDEMNIFY AND PROTECT THE CITY OF NEW ORLEANS AND/OR ITS DEPARTMENTS, BOARDS, COMMISSIONS, AGENTS, EMPLOYEES, OFFICIALS, SELF-INSURANCE FUNDS, AND ASSIGNS FROM THE CONSEQUENCES OF THE NEGLIGENCE OF THE CITY OF NEW ORLEANS AND/OR ITS DEPARTMENTS, BOARDS, COMMISSIONS, AGENTS, EMPLOYEES, OFFICIALS, WHETHER THAT NEGLIGENCE IS THE SOLE OR CONTRIBUTING CAUSE OF THE RESULTANT INJURY, LOSS OF LIFE, AND/OR DAMAGE.

5. **Other.** I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Louisiana. I agree that in the event that any clause or provision of this Release shall be held to be invalid, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.
6. **Modifications.** I hereby agree that no oral or written representations can or will alter the contents of this Release. This Release constitutes the complete agreement and understanding between the parties. All prior and contemporaneous agreements and understandings, whether oral or written, are superseded by this Release and are without effect to vary or alter any terms or conditions of this Release.
7. **Electronic Signature.** I agree that a manually signed copy of this Release delivered by email shall be deemed to have the same legal effect as delivery of an original signed copy of this Release.

To express my understanding of and agreement to this Release, I affix my signature hereto:

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**Signature of Parent or Legal Guardian**

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**Date**

---

**Print Name**

---

**Signature of Witness**

---

**Date**

---

**Print Name**

---

**Signature of Witness**

---

**Date**

---

**Print Name**



## ASSUMPTION OF RISK, LIABILITY WAIVER & RELEASE

### NORDC FACILITY USAGE AND PROGRAMMATIC PARTICIPATION

The City of New Orleans (the “City”) and the New Orleans Recreation Development Commission (“NORDC”) welcomes your participation at NORDC’s playgrounds or facilities (“NORDC Facilities”) and/or participation in any in-person NORDC programs, lessons, sports leagues, classes, recreation or fitness activities, exhibits, events, and/or uses of equipment (“NORDC Programs”).

That said, the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization (“WHO”). **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregating of groups of people.

The City and NORDC have put in place preventative measures in an effort to reduce the spread of COVID-19; however, the City and NORDC **cannot** guarantee that you will not become infected with COVID-19. Further, **frequenting NORDC Facilities or participating in NORDC Programs could increase** your risk of contracting COVID-19.

To that end, the City and NORDC are requiring all persons who are planning to visit any NORDC facilities or participate in any NORDC Programs to complete the following liability waiver and release form prior to entry.

I, \_\_\_\_\_, the undersigned, am eighteen (18) years of age or older and otherwise fully competent to sign this this Assumption of Risk, Liability Waiver and Release (the “**Release**”). I fully understand and appreciate the dangers, hazards, and inherent risks and accept full responsibility for my participation and engagement in any and all NORDC Programs and/or use of NORDC facilities. The Release is effective as of the date of execution (the “**Effective Date**”).

- 1. Coronavirus/COVID-19.** By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by frequenting NORDC Facilities or participating in NORDC Programs and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at NORDC Facilities may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City and/or NORDC, their employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my attendance or participation in NORDC Programs or use of NORDC Facilities (“**Claims**”). On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless the City and/or NORDC, their employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims

based on the actions, omissions, or negligence of the City and/or NORDC, their employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any NORDC Programs or use of NORDC Facilities.

In addition, the undersigned acknowledges that COVID-19 infections have been confirmed throughout the United States, with over 6,000 confirmed cases in New Orleans alone. In accordance with the most recent guidance and protocols issued by WHO, the Centers for Disease Control and Prevention (“CDC”), and the Louisiana Department of Health, for slowing the transmission of COVID-19, the undersigned hereby agrees, represents, and warrants that the undersigned shall not attend NORDC Programs or utilize NORDC Facilities, within fourteen (14) days after exposure to any person who has a suspected or confirmed case of COVID-19. Furthermore, the undersigned hereby agrees, represents, and warrants that the undersigned shall neither visit the NORDC Facilities nor attend the NORDC Programs if he or she (i) experiences symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath, or (ii) has a suspected or diagnosed/confirmed case of COVID-19. The undersigned agrees to notify the City and NORDC immediately if he or she believes that any of the foregoing access/use restrictions may apply.

- 2. Waiver and Release.** To the fullest extent permitted by law, I do hereby agree to waive, release, hold harmless and indemnify the City, as well as any of its departments, boards, commissions, agents, employees, officials, insurers, self-insurance funds, and assigns, including NORDC (the “**Released Parties**”) from and against any and all present or future costs, expenses, disputes, suits, demands, claims, causes of action, losses or liabilities for loss of life or injury to person or property, which may now or hereafter exist, including, but not limited to, Claims which arise out of, are related to, concern, or are suffered by the undersigned, Claims for which the undersigned may be liable to any other person, or Claims related to said undersigned’s participation in NORDC Programs or use of NORDC Facilities regardless of the cause or fault.
- 3. Medical Treatment.** I hereby release and forever discharge the City from any claim whatsoever which arises or may hereafter arise on account of first-aid treatment or other medical services rendered in connection with an emergency during my time with the City and NORDC. I further authorize the City’s employee or agent supervising any NORDC Facility or NORDC Program to secure my medical care in the event of injury. I promise to assume liability for payment and hold harmless the Released Parties.
- 4. Assumption of the Risk.** I hereby expressly and specifically assume the risk of injury or harm in my participation in any and all NORDC Programs and/or use of any and all NORDC Facilities. I further understand and agree that any materials supplied to me by the NORDC Facilities and/or for the NORDC Programs will be “as is”, and that the City and NORDC disclaim all warranties, express or implied, including warranties of merchantability and fitness for a particular purpose. I release the City and/or NORDC from all liability for injury, illness, disease, death or property damage resulting from participation in the NORDC Programs or use of the NORDC Facilities, INCLUDING, BUT NOT LIMITED TO, CLAIMS AND DAMAGES ARISING IN WHOLE OR IN PART FROM THE NEGLIGENCE OF THE CITY OF NEW ORLEANS AND/OR NORDC. IT IS UNDERSTOOD AND AGREED THAT THE INDEMNITY PROVIDED FOR IN THIS SECTION IS AN INDEMNITY EXTENDED BY THE UNDERSIGNED TO INDEMNIFY AND PROTECT THE CITY OF NEW ORLEANS AND/OR ITS DEPARTMENTS, BOARDS, COMMISSIONS, AGENTS, EMPLOYEES, OFFICIALS, SELF-INSURANCE FUNDS, AND ASSIGNS FROM THE CONSEQUENCES OF THE NEGLIGENCE OF THE CITY OF NEW ORLEANS AND/OR ITS DEPARTMENTS, BOARDS, COMMISSIONS, AGENTS, EMPLOYEES, OFFICIALS,

INCLUDING, BUT NOT LIMITED TO, NORDC, WHETHER THAT NEGLIGENCE IS THE SOLE OR CONTRIBUTING CAUSE OF THE RESULTANT INJURY, LOSS OF LIFE, AND/OR DAMAGE.

5. **Other.** I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Louisiana. I agree that in the event that any clause or provision of this Release shall be held to be invalid, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.
6. **Modifications.** I hereby agree that no oral or written representations can or will alter the contents of this Release. This Release constitutes the complete agreement and understanding between the parties. All prior and contemporaneous agreements and understandings, whether oral or written, are superseded by this Release and are without effect to vary or alter any terms or conditions of this Release.
7. **Electronic Signature.** I agree that a manually signed copy of this Release delivered by email shall be deemed to have the same legal effect as delivery of an original signed copy of this Release.

To express my understanding of and agreement to this Release, I affix my signature hereto:

---

**Signature of Adult Participant**

---

**Date**

---

**Print Name**

---

**Signature of Witness**

---

**Date**

---

**Print Name**

---

**Signature of Witness**

---

**Date**

---

**Print Name**

# NEW ORLEANS PUBLIC LIBRARY

## Student's Library Card Application

Does your child already have a Library card? Yes  No

*¿Su hijo ya tiene una tarjeta de biblioteca?*

Student's Name \_\_\_\_\_  
Last Apellido First Nombre Middle Segundo Nombre

Email Address \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Parent's Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
*Apellido de padre o guardián Nombre*

Address \_\_\_\_\_  
*Dirección Postal*

City, State \_\_\_\_\_ Zip \_\_\_\_\_  
*Ciudad, Estado Código postal*

Student's Birthdate (Month/Day/Year) \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Fecha de nacimiento (Mes/Día/Año)*

4 digit PIN# \_\_\_\_\_  
*Código pin*

Summer Camp attending \_\_\_\_\_  
*Campamento de verano*

**I am responsible for all items borrowed on this card.**

*Acepto la responsabilidad de todo el material cargado en esta tarjeta de la biblioteca.*



\_\_\_\_\_  
Student's Signature  
*Firma de titular de tarjeta*

\_\_\_\_\_  
Parent/Guardian's Signature  
*Firma de padre o guardián*