City of San Antonio Parks & Recreation Department
Special Programs
Liability Form

Name:	Address:	Zip Code:	
Home or cell Phone:		District:	

PERMISSION TO TAKE PHOTOGRAPHS or VIDEO-PERMISO PARA TOMAR FOTOS o VIDEO

I hereby consent to and authorize the City of San Antonio Parks and Recreation Department, its publishers, licensees and assignees, permission to use and reproduce still photographs and/or film footage taken of me (and/or taken of my child/children) in whole or part, with or without names, for editorial, trade or advertising purposes. I also confirm that I waive all claims arising from use for additional compensation, damages, and invasion of privacy. If you do not want your child's picture taken during SPECIAL Programs, you must submit a written notice to SPECIAL Programs staff requesting that your child not be photographed during program activities. Por la presente, doy mi consentimiento y autorización al departamento de Parks and Recreation de la cd. de San Antonio, su editorial, sus concesionarios y sus beneficiarios permiso para usar y reproducir fotos (y/o escenas filmadas de mi hijo/a) solo/a o en grupo, con o sin reconocimiento, para editar, hacer negocio o para publicidad. Tambien, yo confirmo que renuncio a cualquier reclamo que resulte de indemnización adicional, daños y intromisión en mi vida privada. Si usted no desea que le tomen la foto a su hijo/a durante el programa de "SPECIAL PROGRAMS", por favor mande una nota a los empleados de "SPECIAL PROGRAMS" que no desea que su hijo/a sea retratado durante los actividades.

Signature of Parent / Guardian of Participant: **Date:**
Firma de padre/tutor del participante: _____ Fecha: _____

RELEASE OF LIABILITY-EXIMO DE RESPONSABILIDADES

In consideration of participant being allowed to participate in SPECIAL Programs, the undersigned hereby releases the City, its employees and agents, from any action, claim or demand for personal injury or property loss from or due to any negligent act or omission of the City, its agents or employees. This release shall have no effect with regard to damages caused by the City's gross negligence. Permission is given for any emergency medical treatment, operation or anesthesia, which might become necessary. I agree to be responsible for the expense of medical treatment or service. Al permitir que su niño/a participe en el programa de "SPECIAL PROGRAMS" el/la abajo firmante, exima de toda responsabilidad a la cd. De San Antonio, sus empleados y representantes de cualquier acción,demanda o reclamo por daño personal o pérdida de propiedad debido al acto de negligencia o de omissión de parte de la cd. de San Antonio. Éste comunicado no tendrá efecto al respecto a daños por la negligencia total de la cd. de San Antonio. Usted es responsable por cualquier gasto médico.

Signature of Parent /Guardian of Participant: **Date:**
Firma de padre/tutor del participante:_____ Fecha:_____