What's Buggin' You?





Have you ever chased butterflies or caught lady beetles to get a closer look at them? If so, you've been attracted by the largest group of animals on earth – insects! During this workshop, you'll get to learn more about insects – see the world through their eyes, even invent a bug of your own! Please wear full-length jeans and closed-toe shoes.

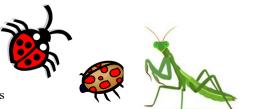
Registration	doodline:	Iuna	2	2021
Registration	deadime:	June	۷,	2021

Fee: \$5.00

Date: June 17, 2021, 10:00—11:30 a.m.



Location: ERC Activity Room and outdoors



Print Childs Name:			
Address:	City:		
DOB: Grade:			
Print Father's Name	Ph		
Print Mother's Name	Ph		
Emergency contact: (Other than parent/legal guardian)			
Name Ph_			
List medical conditions if any:			
Please Return Form to: Ellis Recreation Co Kansas 67637 OR the Drop Boxes located in			
Pd SCH Date			
Cash Check Credit Name:			

CONSENT FOR EMERGENCY MEDICAL AND DENTAL CARE: I appoint the ERC staff, instructors
and volunteers as my agent and representative for the purpose of authorization of emergency medical and dental treatment deemed necessary by duly credentialed physician, dentist, or health care provider. My con-
sent authorizes ambulance service, admission to a hospital, examination (to include X-rays), anesthesia, the
use of drugs and medication, and necessary surgery recommended by such medical personnel for the purpose of saving life or to reduce further injury and harm. I acknowledge that payment of such medical treatment is
my obligation and that such treatment will be sought only in the event of an emergency. WAIVER RE- LEASE STATEMENT: As a participant in this program, I recognize and acknowledge that there are certain
risks of physical injury and I agree to assume the full risk of any injuries, including loss of life, damages or
loss which I may sustain as a result of participation in any and all activities connected with or associated with
such program. I further agree to waive and relinquish all claims, full release and discharge and agree to in-
demnify and hold harmless and defend the ERC and its officers, agents, servants, and employees from any
and all claims resulting from injuries, including loss of life, damages, and losses sustained by me and arising
out of, connected with, or in any way associated with the activities of the program. The undersigned and participant authorize the ERC to use at its discretion any photograph(s) taken of the participant while participant
participant authorize the ERC to use at its discretion any photograph(s) taken of the participant white partici- pating in any activity and waive any and all claims that the participant or the undersigned or their heirs, exec-
utors, administrators, or assigns may have or claim to have resulting from such photograph(s) or reproduc-
tions thereof. WAIVER OF LIABILITY/RELEASE FOR COMMUNICABLE DISEASES INCLUD-
ING COVID-19: In consideration of being allowed to participate on behalf of Ellis Recreation Commission athletic program and related events and activities, the undersigned acknowledges, appreciates, and agree
that: Participation includes possible exposure to and illness from infectious diseases including but not limited
to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the
risk of serious illness and death does exist; and, I KNOWINGLY AND FREELY ASSUME ALL SUCH
RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES
or others, and assume full responsibility for my participation; and, I willingly agree to comply with the stated
and customary terms and conditions for participation as regards protection against infectious diseases. If,
however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and, I, for mysel
and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND
HOLD HARMLESS Ellis Recreation Commission their officers, officials, agents, and/or employees, other
participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises
used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABIL-
ITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE
OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY
UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY
SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.
Name of participant:
Participant signature:
Date signed:
I, the Parent/Legal Guardian of the above named participant have read and understand the "Consent for
Emergency Medical and Dental Care" and the "Waiver Release Statement." I have read and explained the
provisions in the COVID-19 waiver/release to my child/ward including the risks of presence and participation
and his/her personal responsibilities for adhering to the rules and regulations for protection against communi-
cable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for
myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Re-
leasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Re-
leasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activi-
ties as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law. I agree to abide by all policies and guidelines set forth by the ERC regarding this program.
Name of parent/guardian:
Parent guardian/signature:
Date signed: Parent Email:
Date signed I atom Eman

REGISTRATION DEADLINE JUNE 2, 2021