



SAFETY TOWN COUNSELOR --

We are writing to you in regards to SAFETY TOWN 2020. We invite you to return as a counselor this coming summer. You are a huge reason why Safety Town is so successful!

Reminder: Counselor service is normally limited to three years — If you still have an interest in serving as a counselor, WE ENCOURAGE YOU TO COMPLETE and RETURN THE ATTACHED FORM for this year. If we have openings, we may contact you to fill those spots!

Safety Town will take place from **June 15-18** and **June 22-25, 2019** at Shawnee Elementary School. The program is a two-week format, with classes Monday through Thursday each week (*no class on Fridays*).

We also ask our counselors to attend a **mandatory meeting / set-up session prior to Safety Town on Friday, June 12, 2020, 9am – 10:00am** (at Shawnee Elementary School).

Please fill out the attached form and return by March 20th. If we do not receive this form, we will assume that you are not interested in returning.

Mail completed form to:


**Huron Parks and Recreation
417 Main Street
Huron, OH 44839**

You may also drop-off this form at our office located at 110 Wall Street, Huron (If we are not in the office, please leave in the secure drop box next to the entrance door facing the river).

If you have any questions about this letter or anything regarding Safety Town, please feel free to call 419-433-8487 or email hprd@cityofhuron.org

Thank you, Huron Parks & Recreation

2020 SAFETY TOWN

RETURNING COUNSELOR FORM -- Return by March 20, 2020

Reminder: Counselor service is normally limited to three years — If you still have an interest in serving as a counselor, WE ENCOURAGE YOU TO COMPLETE and RETURN THE FORM for this year. If we have openings, we may contact you to fill those spots!

Name _____ Phone # _____

Address _____ Email: _____

Age _____ Grade _____ School _____

Shirt Size -Adult Sizes **(Circle One)**: S M L XL XXL

Please Check ONE Box:

☐ **YES** - *I can't wait to return ... OR*☐ **NO - I am unable to return ... OR**☐ I have fulfilled 3 years of service but would return if spaces are available

PLEASE READ THE FOLLOWING:

I understand that returning as a Safety Town Counselor (which is a volunteer service), I will be on duty for nine days (8 days of classes and the first day for set-up and instruction). The mandatory meeting /set-up session is on Friday, June 12, 2020, 9am-10am. SAFETY TOWN is June 15-18 and June 22-25, 2020, classes Monday through Thursday mornings each week (*no class on Fridays*). The program is held at Shawnee Elementary School.

Are you interested in additional volunteer opportunities with Huron Parks & Recreation? _____
If you answer Yes, we will contact you with details if there are additional opportunities.

WAIVER FOR PARTICIPATION:

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any such injuries, damages or loss regardless of severity, which I or my or child/ward may sustain as a result of participating in any activities connected or associated with any such program(s). I waive and relinquish all claims I or my child /ward may have against the City of Huron and its officers, agents, servants and employees as a result of participating in any of the above program(s). I hereby fully release and discharge the City of Huron and its officers, agents, servants and employees, from any and all claims from injuries, damages or loss which I or my child/ward may have or which may accrue to me or my child/ward on account of my participation or the participation of my child/ward in any of the above program(s). I further agree to indemnify and hold harmless and defend the City of Huron and its officers, agents, servants and employees from any and all claims resulting from injuries, damages, losses sustained by me or my child/ward, and arising out, connected with, or in any way associated with the activities of any of the program(s). I have read and fully understand the above program details and waiver and release of claims.

I understand that I or my child may be photographed or videotaped while participating in the above program(s). I give permission for photos and videotapes of me or my child to be used to promote the City of Huron and it's Parks and Recreation Department and such photos and video will be the property of the City of Huron.

In the event of an emergency requiring medical treatment, I give my permission to the program instructor, coach, and/or league director to obtain medical treatment they feel is necessary and to call the local EMS if necessary. I understand that no medical or accidental insurance will be provided to participants.

SIGNATURE REQUIRED _____ DATE _____

****Participant Signature Required—IF UNDER 18, Parent/Guardian Signature REQUIRED****

Mail completed form to HURON PARKS & RECREATION, 417 Main St., Huron, OH 44839