Program Waiver and Release of Liability
READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the East Haddam Park and Recreation:

________________________________________________________________________
(Name of Program)

Sports, program, related events and activities, the undersigned acknowledges, appreciates, and agrees that;

I) The risk of injury from the activities involved in this program may be significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist: and,

2) 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,

3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual 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,

4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HERBY RELEASE AND HOLD HARMLESS East Haddam Park and Recreation; their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event (“RELEASEES”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

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 IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X_______________________________ DATE SIGNED:____________________

FOR PARTICIPANTS OF MINORITY AGE
(BELOW THE AGE OF 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all Releases, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child’s involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X_______________________________ DATE SIGNED:____________________

Emergency Phone Number:_____________________________________________
Registration and Emergency Information

Name ____________________________________________ Age/Grade_______________________

Address________________________________________

Phone_________________________ Daytime Phone______________________________________

Email________________________________________

Medical Insurance Carrier __________________________________________________________________

Policy#_________________________ Group#________________________

Family Physician’s Name________________________________________

Physician’s Address______________________________________________

Physician’s Phone______________________________________________

Allergies (list): __________________________________________

Serious Medical Conditions (list)____________________________________

I/We hereby grant consent to any and all health care providers designated by East Haddam Park and Recreation to provide me/my child _______________________ any necessary care as a result of any injury/illness. This consent includes first aid and transportation to/from health care providers.

Date_________________________ Participant Signature________________________

If participant is a minor, both parental signatures are required:

Date_________________________ Father’s Signature________________________

Date_________________________ Mother’s Signature________________________

If participant is under 18, please complete the following:

Father’s Name________________________________________________________

Address____________________________________________________________

Phone_________________________ Work Phone_________________________ Cell Phone________________________

Email____________________________________________________________

Mother’s Name_____________________________________________________

Address___________________________________________________________

Phone_________________________ Work Phone_________________________ Cell Phone________________________

Email____________________________________________________________