

# 2011 Summer Recreation Program

## TOWN OF FITZWILLIAM RECREATION COMMISSION

### Release and Waiver of Liability and Indemnity Agreement and Registration Form

In consideration of the permission granted to the participant named below to participate in the Summer Program, I/We SHALL RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the Town of Fitzwilliam Recreation Commission, their agents and employees from all liability for any and all loss and damage, and any claims or demands thereof on account of injury to the person or property or resulting in death of the named participant, whether caused by the negligence of the Town of Fitzwilliam Recreation Commission, its agents and employees or otherwise while the named participant participates in the Summer Program.

I/We further agree to indemnify the Town of Fitzwilliam Recreation Commission, their agents and employees from any and all liability, loss or damage including but not limited to bodily injury, illness, death or property damage, which the Town of Fitzwilliam Recreation Commission, their agents and employees become legally obligated to pay including reasonable attorney's fees and costs, as a result of claims, demands, costs or judgments, against the Town of Fitzwilliam Recreation Commission, their agents and employees on account of injury to the person or property or resulting in the death of the named participants whether or not caused by the negligence of the Town of Fitzwilliam Recreation Commission, their agents, or employees and whether or not such liability is sole, joint or several.

I/We am/are aware that participation in this program may present a strain on my child's body, or its parts and therefore I represent to the Town of Fitzwilliam Recreation Commission that to the best of my knowledge, my child is in a proper physical condition to allow him/her to participate and that I/we assume the risk of participating.

I/We understand that the above program involves traveling to various activity sites. I/We will accept full responsibility for the transportation of my child to and from these activities and I/we release, indemnify and hold harmless any persons providing such transportation.

I/we understand that in case of injury, I/we will be notified. If it is impossible to contact me and it is an emergency, I/we hereby give permission to the attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery for the safety of my child.

I/we understand that I/we are responsible for damaged or lost equipment. I/we understand that damage assessment, lost equipment or late return will result in a bill. Values will be determined at repair or replacement cost.

I/we the parent/legal guardian, the undersigned, have read this release and understand all of its terms. I/we execute it voluntarily and will full knowledge of its significance. I/we have executed this release on this date indicated next to my/our name.

#### PLEASE USE ONE FORM PER CHILD

Participant's Full Name	Preferred Nickname	Age (now)	Date of Birth	Grade entering 9/11
Street and/or P.O. Box	City or Town	State	Zip Code	Home Phone
Mother or Father's Employment	Work Phone Number	Emergency Contact (Other than parent-to be used if parent cannot be reached first)		Emergency Contact phone number
Email address _____				

#### PLEASE CHECK IF APPROPRIATE FOR YOUR CHILD

##### My child has permission to:

- Walk home / to sitter / to my workplace
- Ride bicycle home / to sitter / to my workplace
- Participate in off – sight activities (walking) offered by the Fitzwilliam Summer Recreation Program without additional permission slip, such as walking to the library, village cemetery, ski hill and trails, etc.
- Have photos taken for sharing within the Summer Recreation community and weekly newsletter provided to you
- Have basic first aid applied by counselors as needed
- Have sunscreen applied by staff when deemed appropriate (to be provided by parent/guardian)

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

Date \_\_\_\_\_

