

DEPARTMENT USE ONLY

NAME: _____

GR./AGE: _____

ACTIVITY: _____

**ADULT
PROGRAM/ACTIVITY REGISTRATION FORM**

DATE: _____ NAME: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

In the event of an emergency, it is mandatory to have your permission to call the Rescue Squad/Ambulance to aid/or transport you to the nearest hospital/clinic. I/we give permission, in the event of an emergency, to be aided or transported by Rescue Squad/Ambulance to the nearest hospital/clinic and to be treated by a medical professional. I authorize coaches, instructors, and/or the rescue personnel to authorize any medical professional at the hospital/clinic to provide treatment as they, the medical professional, or the hospital/clinic deem necessary if contact cannot be made with me to supply authorization for treatment.

HOSPITAL/CLINIC PREFERENCE: _____

PHYSICIAN'S NAME: _____ PHONE: _____

In case of emergency please contact: _____ PHONE: _____

Are you currently on any medication? _____ If yes, what? _____

What is its purpose? _____

Do you have any allergies? _____ If yes, what? _____

What type of reaction do you have? _____

SIGNATURE OF PARTICIPANT

DATE

PROGRAM/ACTIVITY REGISTERING FOR: _____

Photo Policy: The Recreation Department reserves the right to photograph participants for publicity purposes. If you do not want your photograph used for any publicity, please speak to the Recreation Director.

**REQUIRED FORM FOR
PARTICIPATION IN TOWN SPONSORED AND SANCTIONED ACTIVITIES
OR USE OF TOWN FACILITIES AND/OR PROPERTY**

In consideration of the permission granted to the participant named: _____, I/we shall release, waive, discharge and covenant not to sue the Town of Ossipee, their agents, and employees from all liability for any and all loss of damage, and any claim of demands therefore on account of injury to the person or property resulting in death of the named participant, whether caused by the negligence of the Town of Ossipee, its agents and employees or otherwise while the named participant participates in the sport/activity/program: _____.

I/we further agree to indemnify the Town of Ossipee, their agents, and employees for any and all liability, loss or damage including but not limited to: bodily injury, illness, death, or property damage which the Town of Ossipee, their agents, and employees become legally obligated to pay including reasonable attorneys' fees and cost, as a result of claims, demands, cost, or judgements, against the Town of Ossipee. Their agents and employees on account of injury to the person or property resulting in the death of the named participant whether or not caused by the negligence of the Town of Ossipee. Their agents, or employees and whether or not such liability is sole, joint, or several.

I/we am/are aware that participation in this specific named sport/activity/program that my child is registered for may present a strain on my or my child's body, or its parts and therefore I represent to the Town of Ossipee that to the best of my knowledge, my child is in a proper physical condition to allow him/her to participate in specific sport/activity/program registered for to allow him/her to participate and that I/we assume the risk of participation.

I/we also understand that some injury may occur as a result of the type of sport/activity/program that my child is participating in. I/we are fully aware of this fact and understand that my/our child may sustain injuries during their participation period that are directly related to the sport/activity/program that they are registered for.

I/we understand that the above sport/activity/program may involve 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 have read and fully understand all of the above-mentioned information contained in this registration form.

Signature: _____ Date: _____