FRANKLIN PARKS AND RECREATION

Mailing Address: 12 Rowell Drive, Franklin, NH 03235

Release and Waiver of Liability and Indemnity Agreement

Participant's Name_____ **Age** _____ **Grade**_____ **DOB**_____ **M / F**

(Age & DOB required for youth participation –Adults may mark A on age, but DOB is needed for programs with physical activity.)

Address_____ **Phone**_____

Emergency Contact_____ **Phone**_____

Family Doctor's Name_____ **Phone**_____

Allergies/Medications/Medical Conditions: _____

_____

Shirt Size: Youth: 2T 3T 4T X-Small Small Medium Large **/ Adult:** Small Medium Large X-Large

For Children:

Mother's Name_____ **Work Phone**_____ **Cell**_____

Father's Name_____ **Work Phone**_____ **Cell**_____

The following persons have permission to transport my child to and/or from the programs:_____

_____

In consideration of the permission granted to the participant named above to participate in the ***PROGRAM(S)/TRIP(S) LISTED BELOW***, I release, waive, discharge and covenant not to sue the Franklin Parks and Recreation Department, City of Franklin, Franklin, their agents, volunteers, and employees (hereafter referred to as "the City") from all liability for any and all loss or damage, including, but not limited to, bodily injury, illness, death or property damage, and any attorney's fees and costs, judgments, claims, or demands therefore on account of injury to the person or property or resulting in death of the named participant, while the participant participates in the ***PROGRAM(S)/TRIP(S) LISTED BELOW***.

I am aware that participation in this program may present a strain on the participant's body, or its parts; and, therefore, I represent to the City that to the best of my knowledge, the participant is in proper physical condition to participate and that I assume the risk of participation. I am aware that there may be transportation, by both bus or private vehicle, that may be necessary for implementation of the activities and / or medical treatment, and therefore give permission for myself and /or son/daughter to be transported as such, and I assume all risks associated with participation in this program.

I understand that in case of an emergency, Franklin Recreation will attempt to contact the person listed above as the Emergency contact. If it is impossible to contact that person and it is an emergency, I consent to the participant's treatment by a medical doctor and I agree to be responsible for all costs associated with said treatment, including transportation to a medical facility.

The participant understands that s/he is responsible for exercising in a manner that is safe for her/him. The participant agrees to modify any activity as needed for his/her comfort and ability. Modifications will also be given by the instructor during fitness classes for various levels of intensity, skill, and comfort. The participant acknowledges that s/he may stop exercising at any time that it is in her/his best interest to do so. The participant will participate at a level that is appropriate for him/her and will avoid movements that cause pain or discomfort

I also hereby give permission to use the above-named participant's photo for display or advertisement by the City of Franklin and/or Franklin Parks and Recreation Department. I also herby give permission to enroll the email address provided on this registration form to the Franklin Parks and Recreation email database to provide updates and programming.

I the undersigned, here read this release and understand all its terms and implications. I hereby execute this release of my own free will and with full knowledge of its significance.

Signature_____ **Date**_____ **Email**_____

(Print Clear)

Program / Trip	Fee Due	Payment	Cash / Check	Check #	Date

We need your help!!! If you are able, please indicate what areas you can contribute.

○ **Coach for above listed sport**	○ **Chaperone for Rec. sponsored dances**
○ **Referee for above listed sport**	○ **Volunteer to help run various events as needed**
○ **Member of the Franklin Rec Booster Club**	○ **Other (please list)** _____