

ADULT PROGRAM REGISTRATION FORM

Participant Last Name: _____ First Name _____

Age: _____ Date of Birth: ____/____/____ Address _____

Home Phone: _____ Work Phone: _____

Are there any medical illnesses or injuries that we should know about for the Participant's protection and yours?

In case of any emergency notify: _____ Phone #: _____

WAIVER AND RELEASE OF LIABILITY

DISCLAIMER: THE TOWN OF VEAZIE ACTING THROUGH THE VEAZIE PARKS AND RECREATION DEPARTMENT IS NOT RESPONSIBLE FOR ANY INJURY OR LOSS OF PROPERTY TO ANY PERSON SUFFERED WHILE PLAYING, PRACTICING, OR IN ANY OTHER WAY INVOLVED IN THE VEAZIE PARKS AND RECREATION DEPARTMENT'S PROGRAMS FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF THE VEAZIE PARKS AND RECREATION DEPARTMENT, ITS AGENTS, OR EMPLOYEES.

In consideration of my participation or the above named child's participation (if said child is under 18 years of age), I hereby release and covenant no-to-sue on behalf of the above named child if under 18 years of age the Town of Veazie, Veazie Parks and Recreation Dept., and any of their employees, instructors, or agents, from any and all present and future claims resulting from any negligence on the part of the Veazie Parks and Recreation Dept. or others listed for property damage, personal injury, or wrongful death, arising as a result of my engaging in or receiving instruction in the programs or any activities incidental thereto, wherever, whenever, or however the same may occur. I hereby voluntarily waive any and all claims resulting from any negligence by the Veazie Parks and Recreation Dept. and any of their employees, instructors, or agents, both present and future, that may be made by me, my family, estate, heirs, devisees, or assigns.

Further, I am aware that this is a vigorous program involving cardiovascular stress and physical contact. I understand that the program involves certain risks, including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles, and internal organs, and that equipment provided for my protection may be inadequate to prevent serious injury. I further understand that this program involves a particular high risk of knee, head, and neck injury. In addition, I understand that participation in the Veazie Parks and Recreation programs involve activities incidental thereto, including, but not limited to, travel to and from the site of the activity, participation at sites that may be remote from available medical assistance, and the possible reckless conduct of other participants. I am voluntarily participating in this activity with knowledge of the danger involved and hereby agree to accept any and all inherent risks of property damage, personal injury or death.

I further agree to indemnify and hold harmless the Town of Veazie, the Veazie Parks and Recreation Department, and others listed of any and claims arising as a result of my or the above named child engaging in or receiving instruction in programs or any activities incidental thereto, wherever, or however the same may occur.

I understand that this waiver is intended to be as broad and inclusive as permitted by laws of the State of Maine and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be in Maine.

I have read this form and full understand that by signing this form, I am giving up legal rights and or remedies that may be available to me for the ordinary negligence of the Parks and Recreation Dept. or any of the parties listed.

Signature of Participant (if 18 years of age or older)