



Outdoor Programs Waiver 2020

***Please read and complete the following information**

Today's Date: _____ **Activity & Location:** _____

Name: _____

Birth Date: _____

Parent/Guardian Name(s): _____

Home Address: _____

Primary Phone: () -

Secondary Phone: () -

Email Address: _____

EMERGENCY MEDICAL INFORMATION In the space below, please list any and all medical conditions and/or limitations that we should be aware of in order to accommodate the above participant's needs & ensure his/her safety. This includes, but is not limited to: allergies, behavioral issues, recent illnesses/hospitalizations, physical impairments & medications. It is best to include anything you would want an emergency medical worker to know if we have an emergency while you/your child(ren) are in our care. If there are none, please write "NONE" below. If more space is needed, please attach additional pages.

Allergies/Limitations (Required):

The Waterville Valley Recreation Department encourages everyone to participate in our programs. Please advise staff if you/your child has an individualized need due to a disability and may require a reasonable accommodation. In accordance with the Americans with Disabilities Act, two weeks notice is needed to ensure appropriate accommodations can be provided.

EMERGENCY CONTACT INFORMATION In the event of an emergency/ illness, we will first contact the parent/guardian listed. In a situation in which we cannot reach the parent/guardian, we will call the following contacts, in order as listed below.

#1. Contact- Name: _____

Relation: _____

Primary Phone: () -

Secondary Phone: () -

#2. Contact- Name: _____

Relation: _____

Primary Phone: () -

Secondary Phone: () -

ASSUMPTION OF RISK * WAIVE ALL CLAIMS * RELEASE WAIVER I, the undersigned (as per my signature below) by registering, myself or my child, or my ward in the named program on this registration form, understand the nature and risk associated with participation in this activity. I hereby grant my child, or my ward, permission to participate. I am aware that the activity, equipment and facilities may pose significant risk of injury. I am also aware that each participant is responsible for their own safety. I hereby grant for myself, my heirs executors, or administrators; waive and release any and all claims of damage we ever had, or now have, against the Town of Waterville Valley, it's successors and assigns, employees, agents and representatives for any and all kinds of injury, including but not limited to personal and/or property damage suffered by my child, or myself, while participating in the activity.

I understand that, in case of injury or illness, the Town of Waterville Valley Recreation Department will attempt to contact the person(s) identified as "Emergency Contact". In the event of a medical emergency, I consent to the participant's treatment by medical doctor and I agree to pay all costs associated with said treatment, including transportation to a medical facility.

I, the undersigned (as per my signature below), by registering myself or my child in any Waterville Valley Recreation Department programs, agree to all publications of any photos taken of myself or my child at any program, event or facility of the Town of Waterville Valley Recreation Department.

Participant Signature: _____

Parent/Legal Guardian Signature (if participant is under 18): _____

Parent/Legal Guardian Name Printed: _____