

# Adult Programs Waiver

## Outdoor Adventure Program Registration Form 2022

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Waterville Valley Recreation Department

### PARTICIPANT INFORMATION:

**Name (please print):** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_

### Address:

Street: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### EMERGENCY CONTACTS:

**Phone:** (     )     - \_\_\_\_\_

**Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Phone:** (     )     - \_\_\_\_\_

**Name:** \_\_\_\_\_

**Phone:** (     )     - \_\_\_\_\_

## Emergency Medical Information

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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 their safety. This includes, but is not limited to: allergies, 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 are in our program. If there are none, please write "NONE" below. If more space is needed, please attach additional pages.

**Allergies/Limitations:** \_\_\_\_\_

The Waterville Valley Recreation Department encourages everyone to participate in our programs. Please advise staff if you have 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 determine if appropriate accommodations can be provided.

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## **ASSUMPTION OF RISK \*WAIVE ALL CLAIMS\***

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*Release Waiver*

I, the undersigned (as per my signature below) by registering in the named event/program on this registration form, understand the nature and risk associated with participation in this activity. 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 myself while participating in the activity.

I understand that, in case of injury of 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 treatment by a medical doctor and I agree to pay all costs associated with said treatment, including transportation to a medical facility.

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

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_