



## SENIOR PROGRAM REGISTRATION AND RELEASE FORM

Program Name \_\_\_\_\_ Session Start Date/Time \_\_\_\_\_

Fee: \_\_\_\_\_ Paid with (please circle one) CASH CHECK CREDITCARD ONLINE

Participant's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ M/F \_\_\_\_\_

Mailing Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_ Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Existing Medical Conditions, Allergies and/or Current Daily Medications? \_\_\_\_\_

\_\_\_\_\_

*In compliance with the National HIPPA Law, this information will be kept confidential and will be used in emergency situations only.*

\_\_\_\_\_ **Initial for consent to the use of my photo, video, artwork on the department website or other promotional materials.**

I \_\_\_\_\_ am participating in the Windham Parks and Recreation Department Program/Trips and agree to all responsibilities in case of an emergency.

I understand there are risks of physical injury in participating in recreational activities or programs. I hereby release the town/city of Windham, its employees, officials and agents from any and all liability or loss or damage to personal property that I may experience in connection with activities sponsored by Windham Parks and Recreation.

I hereby consent to emergency medical procedures deemed appropriate or necessary on my behalf during the course of the program. I further authorize any medical personnel to administer any required emergency medical treatment in the event that a guardian/family member cannot be reached by the telephone numbers provided on this form. The Windham Parks & Recreation Department does not provide accident or hospitalization insurance for participants of its programs. All participants are advised to have adequate personal coverage. Please consider participant's own health, experience, and tolerance for risk before participating in any program.

The Windham Parks & Recreation Department reserves the right to refuse services to participants if the administration deems necessary for the safety of the participant, other program participants, or staff.

I have carefully read the release language and completely understand its content. I sign this document for myself as an individual.

**Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_