

Town of Clay Recreation and Human Resource – Adult Permission Waiver

I understand participation in (name of event) _____ may involve rigorous physical activity and risks of physical injury, and we assume these risks. I hereby give consent for emergency transportation and treatment in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation or treatment on behalf of the participant. I further certify the participant is in good physical condition, and has no medical or physical conditions that would restrict his/her participation in this event.

(Participant signature) _____ on this (Date) _____, 2018 does hereby covenant and agree to release and hold harmless the Town of Clay from and against any and all liability, loss, damages, claims, or actions (including costs and attorney fees) for bodily injury and/or property damage, to the extent permissible by law arising out of participation in (name of event) _____ during (dates) _____, 2018.

Pictures and other materials, which include me, may be used for Town of Clay promotional purposes.

There is no medical insurance carried by the Town of Clay for program participants.

REFUNDS IN FULL MAY BE GIVEN ONLY 48 HOURS IN ADVANCE OF PROGRAM START

Name: _____ Date of Birth _____

Address: _____ City _____ State _____ ZIP _____

Email Address: _____

Home Phone #: _____ Work Phone # _____ Pager/Cell # _____

Medical/Allergy History: _____

Additional Person/Phone # to contact in an emergency: _____

Check/Money Order #: _____ Cash Receipt #: _____ Amount Paid: \$ _____

T-shirt Size (if applicable) YS ___ YM ___ YL ___ AS ___ AM ___ AL ___ AXL ___ AXXL ___