

BOW PARKS AND RECREATION

Release and Waiver of Liability and Indemnity Agreement

Participant's Name _____ Age _____ Grade _____ DOB _____ M/F
(Age & DOB required for youth participation –Adults may mark A on age, but DOB is needed for programs with physical activity.)

Street Address _____ Town _____ Phone _____

Emergency Name _____ Phone _____

Family Doctor's Name _____ Phone _____

Medical Problems or Allergies _____

The following persons have permission to transport my child to and/or from the programs:

For Children	Mother's Name _____	Work Phone _____	Cell _____
	Father's Name _____	Work hone _____	Cell _____

Please circle if you have any of the following problems and explain as necessary or check box if no health problems

circulatory condition high cholesterol artificial body part pregnancy heart condition chest pain	diabetes recent surgery dizziness obesity physician's order not to exercise	lung condition 50 years or older muscle or joint problem high blood pressure	hearing loss vision loss cigarette smoking
<input type="checkbox"/> These may require a doctor's note before participation.			<input type="checkbox"/> If none of these, check here.

In consideration of the permission granted to the participant named above to participate in the **PROGRAM(S)/TRIP(S) LISTED BELOW**, I release, waive, discharge and covenant not to sue the Bow Parks and Recreation Department, Town of Bow, Bow Parks and Recreation Commission, their agents and employees from all liability for any and all loss or damage, and any claims or demands therefore on account of injury to the person or property or resulting in death of the named participant, while the named participant participates in the **PROGRAM(S)/TRIP(S) LISTED BELOW**.

I further agree to indemnify the Bow Parks and Recreation Department, Town of Bow, Bow Parks and Recreation Commission, their agents, volunteers, and employees from any and all liability, loss or damage, including, but not limited to, bodily injury, illness, death or property damage which the Bow Parks and Recreation Department, Town of Bow, Bow Parks and Recreation Commission, their agents and employees become legally obligated to pay, including reasonable attorney's fees and costs, as a result of claims, demands, costs, or judgments against the Bow Parks and Recreation Department, Town of Bow, Bow Parks and Recreation Commission, their agents and employees on account of injury to the person or property or resulting in death of the named participant. I am aware that participation in this program may present a strain on the participant's body, or its parts; and, therefore, I represent to Bow Parks and Recreation Department, Town of Bow, Bow Parks and Recreation Commission that to the best of my knowledge, the participant is in proper physical condition to participate and that I assume the risk of participating. I understand that if the above program involves traveling to various activity sites, I accept full responsibility for the transportation of the participant to and from these activities. I understand that in case of injury or illness, I will be notified. If it is impossible to contact me and it is an emergency, I hereby give permission for first aid treatment to be rendered and, if necessary, to have the participant transported to a hospital and/or medical clinic and to authorize their medical staff and the attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery.

I also hereby give permission to use the above-named participant's photo for display or advertisement by the Town of Bow and/or Bow Parks and Recreation Department.

Signature _____ Date _____ Email _____
(Adult participant or parent/legal guardian of minor participant)

Program/Trip	Session/Date	Fee	Payment	Ck/CA	Date