Tuftonboro Parks and Recreation
Registration/Waiver Form

Please fill in the blanks with the information requested:

Program/Activity: _______________________________________________________

Name: ________________________________________________________________

Address: ______________________________________________________________

Phone: _______________Cell: _____________email: _________________________

Emergency Contact: ___________________________Phone: __________________

Make Checks Payable to the “Town of Tuftonboro.” Read the reverse side of this form, sign/date as indicated, and mail form and payment to:

Town of Tuftonboro
c/o Parks and Recreation
PO Box 98
Center Tuftonboro, NH 03816
Tuftonboro Parks and Recreation
Release of Liability

Please CAREFULLY READ this RELEASE OF LIABILITY.

In consideration of being permitted to participate in the Town of Tuftonboro Parks and Recreation function/event, the undersigned:

1. Hereby releases, waives, discharges and covenants not to sue the Town of Tuftonboro, its officials, employees, agents and representatives (hereinafter “Releasees”) from all liability to the undersigned, and his/her representatives, heirs and successors in interest (hereinafter “undersigned”) for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property of the undersigned, whether caused by the negligence of the Releasees or otherwise while the undersigned is participating in the function/event.

2. Hereby agrees to indemnify and save and hold harmless the Releasees from any loss, injury, liability, damage or cost they may incur due to the presence of the undersigned participating in the function/event.

3. Hereby assumes full responsibility for and risk of bodily injury or property damage, including but not limited to death, paralysis, brain injury, heart attack, stroke, aneurysm, broken bones, torn tendons or ligaments, torn muscles, spinal injury, damage to organs, disease, infection and any other physical or emotional injury, medical or psychiatric condition or complications of any kind whatsoever, due to any cause, including the negligence of Releasees or otherwise, while participating in the function/event.

4. Hereby represents and warrants: (a) that he/she acknowledges that presence and participation in or about is an unsupervised basis and is otherwise dangerous and involves the risk of serious bodily and psychiatric injury, death and property damage; (b) that some of the risks of harm include, but are not limited to, physical activity and exertion, equipment failure, equipment maintenance or lack thereof, equipment defects, slippery surfaces, obstacles which might cause trip and falls, pre-existing health problems, carelessness and negligence of Releasees or others, structural failures, design defects, impeded access, electrical, heat, air conditioning or ventilation defects, lack of security and/or supervision, and any other risk of harm whatsoever that one might encounter; (c) that he/she has read this Release of Liability carefully and had an opportunity to review it with legal counsel; and (d) that he/she is in good health and has no physical condition that prevents them from participating in the function/event.

_________________________________________  Date: _______________________
Signature of Participant

_________________________________________  Date: _______________________
Witness