



Town of Alfred
PARK & RECREATION COMMITTEE
PO Box 850
Alfred, ME 04002
Phone: 207-324-5872 EXT 202
Fax: 207-324-1289



ALFRED REGISTRATION FORM / WAIVER

Participant's Name:

Home Phone:

Cell Phone:

Emergency Contact Name:

Emergency Contact Phone:

Please list any medical conditions that may affect your participation:

Release Waiver

The Participant signed below knowing fully that Alfred Parks & Recreation Department provides the program, activity and/or special events and all aspects associated with these bring facility(s), instructors(s), equipment and supervision hereby:

1. Agree to furnish my own health insurance in case of injury.
2. Assume all risks and responsibilities of all possible injury involved in participating in this program, activity or special event.
3. Testify that the participant is in good health and capable of participating in the registered program.
4. Further agree to indemnify and hold harmless the Town of Alfred, department or employees, to include volunteers, from liability resulting from my participation in this program, activity or special event.
5. Give permission to be treated by emergency personnel in necessary for myself and/or any member of my family.
6. Give permission to Alfred Park and Recreation to show participant's picture in any newspaper or web site.

Please note the following: **DAMAGE TO SCHOOL PROPERTY WILL NOT BE TOLERATED.**

Signature of Person to Assume Responsibility

Date