

TOWN OF WALWORTH
3600 Lorraine Dr., Walworth, NY 14568

Town of Walworth

Program Registration Form

www.townofwalworthny.gov/departments/recreation • (315) 986-1400 (Option 7)

TOWN OF WALWORTH - RECREATION DEPARTMENT PROGRAM REGISTRATION

Primary Account Holder (Adult): _____

Address: _____

City, Zip: _____ DOB: ___/___/___ Gender: M F

Primary Phone: _____ Secondary Phone: _____

Email: _____

ADDITIONAL ACCOUNT MEMBERS (ADULTS AND/OR DEPENDENTS):

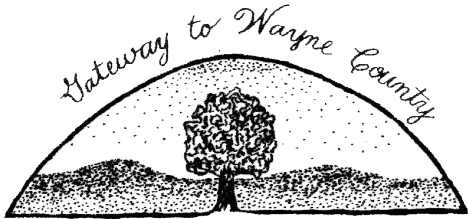
PARTICIPANT NAME	GRADE	DOB	GENDER	SHIRT SIZE (CHOOSE ONE)*	SCHOOL DISTRICT
				YS YM YL AS AM AL AXL XXL	
				YS YM YL AS AM AL AXL XXL	
				YS YM YL AS AM AL AXL XXL	
				YS YM YL AS AM AL AXL XXL	
				YS YM YL AS AM AL AXL XXL	
				YS YM YL AS AM AL AXL XXL	

*LATE PROGRAM REGISTRANTS ARE NOT GUARANTEED SHIRTS OR SPECIFICALLY REQUESTED SIZES AS ITEMS MUST BE ORDERED WELL IN ADVANCE OF PROGRAM START DATES. PLEASE REGISTER BY PROGRAM CUT-OFF DATES AS INDICATED IN THE TOWN TOPICS TO ENSURE PARTICIPANTS RECEIVE THEIR SHIRT/DESIRED SHIRT SIZE.

PROGRAM REGISTRATION INFORMATION:

PROGRAM NAME	SESSION ID	PROGRAM PARTICIPANT	FEE

<p>Please make all checks payable to: TOWN OF WALWORTH Completed forms and payment may be mailed to: Walworth Recreation 3600 Lorraine Drive Walworth, NY 14568</p>	<p>• • • •</p>	<p>PAYMENT DUE: \$ _____</p>
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ACKNOWLEDGMENT, RELEASE & HOLD HARMLESS FOR PARTICIPATION IN TOWN OF WALWORTH PROGRAMS

I acknowledge that I and/or a minor under my supervision (the "Minor") has requested to participate in a Town of Walworth Parks and Recreation program (the "Program"). As part of the consideration for such participation, I hereby acknowledge my understanding of and agreement to the below.

I certify that I and/or the Minor has no medical or physical conditions which would or could interfere with safety in this Program, and that to the extent I and/or the Minor does have a condition, including whether unforeseen or unknown, I assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.

I understand that accidents, including serious bodily injury, illness, death and/or property damage, could occur during participation in the Program. I acknowledge that participation in the Program is at my and/or the Minor's own risk, all of which risk I have understand and/or have explained to the Minor, and all of which I expressly agree and promise to accept and assume. I certify that my and/or the Minor's participation in this Program is purely voluntary and is chosen despite these risks.

This risk includes the potential contraction of illness, including for example, coronavirus / COVID-19. This virus and other illnesses can be very contagious, and the risk of exposure and contraction is likely to increase in situations where persons are together and not isolated, such as during participation the Program.

To the fullest extent permitted by law, I agree to bear the cost of any injury, illness or damage that may be caused or suffered by me and/or the Minor while participating in the Program, and I release, indemnify and hold harmless the Town of Walworth for any claims, losses, liability, charge, cost, expense or damages of any nature whatsoever, including reasonable attorney's fees, which may arise from or in any way relate to the Program, whether caused by negligence of the Town or otherwise, whether by accident, unforeseen or otherwise, specifically including but not limited to claims of mine and/or the Minor.

I understand that the Town of Walworth does not provide accident and/or medical insurance coverage for participation in the Program, and certify that I have sufficient medical coverage to cover any medical needs which may arise out of participation in the Program.

By signing this document, I acknowledge that if a potential claim arises in relation to me and/or the Minor's participation in this Program, a court of law may find me to have waived the right to maintain a lawsuit against the Town of Walworth as a result of this document.

Additionally, I understand, acknowledge and agree that the Town of Walworth may videotape or photograph program participants for exclusive use by the Town of Walworth only, in the Town's catalogs, website, brochures, pamphlets, and/or fliers for purposes of publicizing its programs. I grant full permission to the Town to use me and/or the Minor's photograph or video for such purposes without obligation or liability.

If any part of this agreement is deemed void, the remainder of the agreement shall remain enforceable.

I have read the Acknowledgment, Release & Hold Harmless for Participation in Town of Walworth Programs Waiver. I understand and agree to the above.

Adult/Parent/Guardian Name (Print): _____

Adult/Parent/Guardian Name (Signed): _____ **Date:** ____/____/____

Minor Participant(s) Name(s): _____

