



ADULT PROGRAM REGISTRATION AND RELEASE FORM

Program Name _____ Program Start Date _____

Fee _____ Paid with (please circle one) CASH CHECK CREDIT CARD ONLINE

*Participant's Name _____ *DOB _____ *Age _____ M / F / NB

*Mailing Address _____ *Town _____ *Zip _____

*Phone (Primary) _____ (Secondary) _____ Text Message Opt-In ☐

*E-Mail _____

*Primary Emergency Contact _____ *Phone _____

*Secondary Emergency Contact (not in household) _____ *Phone _____

Existing Medical Conditions, Allergies and/or Current Daily Medications _____

In compliance with the National HIPPA Law, this information will be kept confidential and will be used in emergency situations only.

I _____ understand there are risks of physical injury in participating in Windham Parks & Recreation programs and/or visiting recreational facilities. I hereby release the Town of Windham, its employees, officials, and agents from any and all liability or loss or damage to personal property that I may experience in connection with programs sponsored by, or facilities managed by Windham Parks & Recreation.

I hereby consent to emergency medical procedures deemed appropriate or necessary on my behalf. I further authorize medical personnel to administer any required emergency medical treatment in the event that a guardian/family member cannot be reached by the telephone numbers provided on this form. The Windham Parks & Recreation Department does not provide accident or hospitalization insurance and all participants and/or facility users are advised to have adequate personal coverage. Please consider participant's own health, experience, and tolerance for risk before participating in any program or visiting facilities.

I consent to the use of my photo, video, artwork on the department website or in other promotional materials. The Windham Parks & Recreation Department reserves the right to refuse services to participants if the administration deems necessary for the safety of the participant, other program participants, or staff.

I have carefully read the release language and completely understand its content and I agree to all responsibilities in case of an emergency.

Participant Signature _____ Date _____