

Epping Recreation Adult Pick Up Basketball

Tuesdays 8-9:30pm & Thursdays 7:30-9pm- Epping Middle School Gym

Name: _____ Phone: _____

Address: _____

Email: _____

Please list any allergies or medical Conditions:

Emergency Contact: _____

Phone number: _____

Relation: _____

Payment of \$30 is required the first night, for 10 nights, on a punch card system.

Please make checks out to "Town of Epping"

Permission to Participate and Release from Liability for the Town of Epping, NH

Release of Liability Disclaimer: The Town of Epping, NH Recreation Department is not responsible for any personal injury, property damage, or wrongful death to any person suffered while participating in any activity for any reason whatsoever, including negligence on the part of the Town of Epping, the Town of Epping Recreation Department, Epping School District, or any of these organizations representatives, or employees.

Regarding activities: In consideration of this adult's participation, I hereby release the Town of Epping, Epping School District, Town of Epping's Recreation Department, or any of these organizations representatives or employees from any present and future claims from negligence arising as a result of this adult's participation in Recreation activities. I understand that this activity has inherent foreseeable and unforeseeable risks and dangers associated with them. Risks and dangers may include, but are not limited to: injury, disability, paralysis or death however caused. I, the participant, accept and assume such risks and responsibility for any such losses.

I agree to indemnify and hold harmless, the Epping School District, The Town of Epping, The Epping Recreation Department, or any of these organizations representatives or employees and any other affiliated individuals resulting from this RECREATION ACTIVITY.

Participants Signature: _____ Date: _____

Printed Name: _____