

# ***Town of Epping Parks & Recreation Participation & Transportation Waiver Form: (Please complete All Fields)***

**Program & Transportation is Being Provided For :** Pat's Peak Ski Program- Thursday Nights **Cost: \$25**

Participant Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address (For Program Updates & Notifications): \_\_\_\_\_

Emergency Contacts: (Must be able to be reached at ALL TIMES during program)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Important medical history we should know about: \_\_\_\_\_

Any other information we should be aware of: \_\_\_\_\_

### PERMISSION BUS TRANSPORTATION

YES I plan to have my child transported by Rec Bus TO & FROM Program

YES I plan to have my child transported by Rec. Bus TO Program, but will meet at the Program and provide own transportation FROM program. (Please make sure to sign your child out before leaving program)

### CARPOOL TRANSPORTATION –EMERGENCY BACK UP PLAN –IF NEEDED

We plan to use our 15 passenger bus for those who have signed up for transportation, but in the event of an issue with the bus / driver, your child will be assigned a Carpool Staff or Volunteer Driver. You will be notified of change, if needed.

YES I plan to have my child transported by assigned Carpool if needed TO & FROM Program

YES I plan to have my child transported by assigned Carpool, if needed TO Program, but will meet at the Program and provide own transportation FROM program. (Please make sure to sign your child out before leaving program)

No, I plan to provide transportation for my child TO & FROM program if bus transportation is not available.

### **Release and Waiver of Liability and Indemnity Agreement**

In consideration of the permission granted to the participant named above to participate in the Epping Recreation Department Program, including Transportation to and from the above named program, I/we Shall Release Waive, Discharge and Covenant Not To Sue the Town of Epping, Recreation Department, Fire Department, their agent, employees and **volunteers** from all liability for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the named participant except in all case of gross or willful want on negligence of the Town of Epping and all above mentioned departments and groups associated with the event, its agents and employees or otherwise, while the named participant, participates in the listed programs(s) or during transportation to and from program.

I/we am aware that participation in this program may present a strain on my child's body, or its parts and therefore I represent to the Town of Epping, Recreation Department that to the best of my knowledge, my child is in a proper physical condition to allow her/him to participate and that I/we assume the risk of participating.

I/we understand that in case of injury or illness, I/we giver permission for Epping Recreation Staff /volunteers to seek medical attention, as needed, for my/ our child.

I/we the parent/legal guardian, the undersigned, have read this release and understand all its terms. I/we execute it voluntary and with full knowledge of its significance. I/we have executed this release on this date indicated next to my/our names.

Parent/Guardian/Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please make checks paid to "Town of Epping"**