



# Wolfeboro Parks and Recreation Participant Waiver

**Activity Name:** Wrec Crew 2017

**For All Program Participants:**

I do hereby waive, release, absolve, indemnify, defend and agree to hold harmless, the Town of Wolfeboro, its Parks and Recreation Department and the paid and volunteer employees and agents of the Town and this department, for any personal injury or property damage which may arise out of the participation of the person named on this form in this/these activity(ies), and hereby assume all risks associated with this/these activity(ies).

**Parent Authorization (for youth programs)**

The participant has my permission to take part in all prescribed activities of this program. In the event of an emergency or non-emergency situation requiring medical treatment, and until I can be contacted, I give permission to the attending physician and his or her assistants to treat, hospitalize, administer anesthesia, order injections or surgery or provide whatever medical treatment that they in their discretion deem appropriate.

**Participant Authorization (for adult programs)**

In the event of an emergency or non-emergency situation requiring medical treatment in which I am unable to communicate, I give permission to the attending physician and his or her assistants to treat, hospitalize, administer anesthesia, order injections or surgery, or provide whatever medical treatment that they in their discretion deem appropriate.

**Photos and Images**

I do hereby grant and give these groups the right to use my or my child(s) photograph or image with or without my or my child's name, both singly and in conjunction with other persons or objects and presentations, advertising, publicity, and promotion relating thereto.

I have read this release of liability and assumption of risk agreement, fully understand its terms, I understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without inducement.

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Age

\_\_\_\_\_  
Signature of Participant (if 18 years or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Legal Guardian (if under 18 years old)

Thank you. Be safe and have fun!