

HAVERHILL RECREATION REGISTRATION
2975 Dartmouth College Highway
North Haverhill, NH 03774
Phone: (603) 787-6096 Fax: (603) 787-2226

Program Name _____ Date: _____

Fee _____ Cash/check _____ Received by: _____

Participant name: _____

Address/Town/St/Zip _____

Age _____ Grade _____ School _____ Birth date _____

Please list any allergies, medical issues, or special needs that the staff should be aware of:

Primary Guardian(s) _____

Home phone _____ cell phone _____

Work Phone _____ Email _____

TOWN OF HAVERHILL CONSENTS/RELEASE & INDEMNIFICATION AGREEMENT

The undersigned, _____, in consideration of the agreement by the **Town of Haverhill** to allow my child/myself to participate in the program(s) listed above, hereby agrees as follows:

Please Initial Agreement _____ **PHOTO/VIDEO CONSENT** for my child OR myself to be photographed, or recorded during Recreation sponsored programming for using in advertising.
_____ **IN THE EVENT OF AN EMERGENCY REQUIRING MEDICAL ATTENTION**, I authorize that necessary medical attention be given to me or my child by a qualified physician in the event I cannot be reached.

1. That no claim will be made by the undersigned on behalf of myself or on behalf of my child for personal injuries or other losses sustained by my child as a result of my child's participation in the above described program(s).
2. That, in the event any claim is made by my child for injuries or damages sustained by my child as a result of my child's participation in the above described program (s), I shall hold the Town of Haverhill harmless from, and indemnify it against, any such claim, including reasonable attorney's fees incurred by above participant in connection therewith, whether or not such claims result in litigation.

The undersigned acknowledges either my or my child's participation in the above described program(s) may reasonably be considered a dangerous activity (ies). This Agreement is executed by the undersigned upon the understanding that the Town of Haverhill will use best efforts in the conduct of the above described program(s).

Signed _____ Date _____

(Parent/Guardian/Adult Participant)