



979 Main Street
Willimantic, CT 06226

**ADULT SESSIONS
Mail-In REGISTRATION**

FIRST, LAST NAME	ADDRESS	CITY, STATE & ZIP
Home Phone or Cell #:	Date of Birth:	Email address:
Program Type(s)	Days:	Times:
Emergency Contact:	Relation:	Phone or cell #:

Windham Recreation Department-Release, Waiver, Emergency Consent and Assumption of Risk Form

Please read carefully before signing

I, _____ the undersigned by registering my Self in the Windham Recreation Programs understand the nature and risks associated with participation in this activity.

I hereby grant my permission to participate. I am aware that participation is at one's own risk. I acknowledge that the activity, equipment and facilities may pose significant risk of personal injury. I am also aware that participants are responsible for their own safety. I hereby grant for myself, my heirs, executors, or administrators, waive and release any and all claims of damage we ever had or now have, against the Town of Windham, its successors and assigns, employees, agents and representatives for any and all kinds of injury, including but not limited to personal injury and/or property damage suffered by myself, or my ward, while participating in this activity.

In the event of any medical reasons your efforts to reach me or listed emergency contacts are unsuccessful, I the parent or legal guardian give consent for emergency evaluation, treatments and/or admission to the closest hospital as determined by the physician in charge of the care of the above named person. I understand that the Town of Windham is not responsible for medical, hospital, emergency room or transportation expenses for any incidental illness or injury to the above named participant.

I certify that the information contained on this form is accurate and complete.

Date: _____

Signature: _____