

BOW PARKS AND RECREATION
Mailing Address: 10 Grandview Road, Bow, NH 03304
Release and Waiver of Liability and Indemnity Agreement

Participant's Name _____ Age _____ Grade _____ DOB _____ M/F
 (Age & DOB required for youth participation –Adults may mark A on age, but DOB is needed for programs with physical activity.)

Address _____ City/Zip _____ Phone _____

Emergency Name _____ Phone _____

Family Doctor's Name _____ Phone _____

For Children Mother's Name _____ Work Phone _____ Cell _____
 Father's Name _____ Work Phone _____ Cell _____

Does participant carry an EpiPen®? _____ If yes, for what: _____

Does participant carry an inhaler? _____ If yes, for what: _____

Youth-Date of last tetanus shot _____ **Conditions checked in this column require a doctor's note before participation in a dance, exercise, or sports program.**

- | | |
|--|---|
| <input type="checkbox"/> hearing loss | <input type="checkbox"/> circulatory condition |
| <input type="checkbox"/> artificial body part | <input type="checkbox"/> high cholesterol |
| <input type="checkbox"/> dizziness | <input type="checkbox"/> recent surgery |
| <input type="checkbox"/> muscle or joint problem | <input type="checkbox"/> high blood pressure |
| <input type="checkbox"/> cigarette smoking | <input type="checkbox"/> pregnancy |
| <input type="checkbox"/> vision loss | <input type="checkbox"/> heart condition/chest pain |
| <input type="checkbox"/> obesity | <input type="checkbox"/> physician's order not to exercise |
| <input type="checkbox"/> allergies: _____ | <input type="checkbox"/> lung condition |
| <input type="checkbox"/> other: _____ | <input type="checkbox"/> 50 years or older (if doing dance/exercise/sports) |
| | <input type="checkbox"/> Diabetes – Are you on insulin? _____ |

If taking medications, please list them and indicate for what condition: _____

Please explain anything checked as necessary: _____

In consideration of the permission granted to the participant named above to participate in the **PROGRAM(S)/TRIP(S) LISTED ON THE REVERSE**, I release, waive, discharge and covenant not to sue the Bow Parks and Recreation Department, Town of Bow, Bow Parks and Recreation Commission, their agents, volunteers, and employees (hereafter referred to as "the Town") from all liability for any and all loss or damage, including, but not limited to, bodily injury, illness, death or property damage, and any attorney's fees and costs, judgments, claims, or demands therefore on account of injury to the person or property or resulting in death of the named participant, while the participant participates in the **PROGRAM(S)/TRIP(S) LISTED ON THE REVERSE**.

I further agree to indemnify the Town of Bow from any and all liability, loss or damage, including, but not limited to, bodily injury, illness, death or property damage which they become legally obligated to pay, including reasonable attorney's fees and costs, as a result of claims, demands, costs, or judgments against the Town of Bow its agents and employees on account of injury to the person or property or resulting in death of the named participant whether or not caused by the negligence of the Town of Bow, whether or not such liability is sole, joint, or several. I represent to Town of Bow that to the best of my knowledge, the participant is in proper physical condition to participate and that I assume the risk of participating. I understand that if the above program involves traveling to various activity sites, I accept full responsibility for the transportation of the participant to and from these activities; and I release, indemnify and hold harmless the Town of Bow for any transportation that they provide for which the participant is eligible. I understand that in case of injury or illness, I will be notified. If it is impossible to contact me and it is an emergency, I give permission for first aid treatment to be rendered and, if necessary, to have the participant transported to a hospital and/or medical clinic and to authorize their medical staff and the attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery. **I also give permission to use the above named participant's photo for display or advertisement by the Town of Bow and/or Bow Parks & Recreation.**

Regarding programs of physical exertion such as sports, dance, and fitness: If the participant is pregnant or has health risks or is 50 years or older, I understand that s/he will be required to obtain a Medical Release signed by a doctor before participating in any program. To my knowledge, the participant does not have any limiting physical condition or disability which would preclude a program of physical exertion. The participant has not been told by a physician to avoid exercise. The participant acknowledges that s/he may stop exercising at any time that it is in her/his best interest to do so.

Signature of Adult Participant or Parent/Legal Guardian of Minor Participant _____ Date: _____
 Email: _____

If parent/legal guardian signing for minor, please print your name here: _____

YOU MUST FILL OUT THE BACK!



