

**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

Youth Info:

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

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Family Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Does participant carry an EpiPen®? \_\_\_\_\_ if yes, for what: \_\_\_\_\_

Does participant carry an inhaler? \_\_\_\_\_ if yes, for what: \_\_\_\_\_

**50-Plus Fitness Program requires a doctor's note to participate**

**Conditions checked in this column may require a doctor's note before participation in a dance, exercise, or sports**

- Hearing loss
- Artificial body part
- Dizziness
- Muscle or joint problem
- Cigarette smoking
- Vision loss
- Obesity
- Allergies: \_\_\_\_\_
- Other: \_\_\_\_\_

- Circulatory condition
- High cholesterol
- Recent surgery
- High blood pressure
- Pregnancy
- Heart condition/chest pain
- Physician's order not to exercise
- Lung condition
- 50 years or older (if doing dance/exercise/sports)
- Diabetes – Are you on insulin? \_\_\_\_\_

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

Please explain anything checked as necessary: \_\_\_\_\_

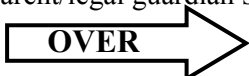
In consideration of the permission granted to the participant named above to participate in the **PROGRAM(S)/TRIP(S) LISTED ON THE REVERSE**, I release, waive, discharge and covenant not to sue the Bow Parks and Recreation Department, Town of Bow, Bow Parks and Recreation Commission, their agents, volunteers, 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!**



