



## ADULT PROGRAM REGISTRATION AND RELEASE FORM

Program Name \_\_\_\_\_ Program Start Date \_\_\_\_\_

Fee \_\_\_\_\_ Paid with (please circle one) CASH CHECK CREDIT CARD ONLINE

\*Participant's Name \_\_\_\_\_ \*DOB \_\_\_\_\_ \*Age \_\_\_\_\_ M / F

\*Mailing Address \_\_\_\_\_ \*Town \_\_\_\_\_ \*Zip \_\_\_\_\_

\*Phone (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

\*E-Mail \_\_\_\_\_

\*Primary Emergency Contact \_\_\_\_\_ \*Phone \_\_\_\_\_

\*Secondary Emergency Contact (not in household) \_\_\_\_\_ \*Phone \_\_\_\_\_

Existing Medical Conditions, Allergies and/or Current Daily Medications? \_\_\_\_\_

*In compliance with the National HIPPA Law, this information will be kept confidential and will be used in emergency situations only.*

*I \_\_\_\_\_ understand there are risks of physical injury in participating in Windham Parks & Recreation programs and/or visiting recreational facilities. I hereby release the Town of Windham, its employees, officials, and agents from any and all liability or loss or damage to personal property that I may experience in connection with programs sponsored by, or facilities managed by Windham Parks & Recreation.*

*I hereby consent to emergency medical procedures deemed appropriate or necessary on my behalf. I further authorize medical personnel to administer any required emergency medical treatment in the event that a guardian/family member cannot be reached by the telephone numbers provided on this form. The Windham Parks & Recreation Department does not provide accident or hospitalization insurance and all participants and/or facility users are advised to have adequate personal coverage. Please consider participant's own health, experience, and tolerance for risk before participating in any program or visiting facilities.*

*I consent to the use of my or my child's photo, video, artwork on the department website or in other promotional materials. The Windham Parks & Recreation Department reserves the right to refuse services to participants if the administration deems necessary for the safety of the participant, other program participants, or staff.*

*I have carefully read the release language and completely understand its content and I agree to all responsibilities in case of an emergency.*

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Town of Windham Dept. of Parks & Recreation 8 School Road, Windham, ME 04062

Mon-Fri 8:00 am – 4:00 pm Phone 892-1905/Fax 892-1923

[Parks&Recreation@windhammaine.us](mailto:Parks&Recreation@windhammaine.us)