Brewer Parks & Recreation Department ADULT REGISTRATION FORM

Participant's Last Name:	First Name:
Address:	
Home Phone:	Work Phone:
Age: Da	ate of Birth
Spouse's Name:	
Address:	
Are there any medical illnesses or injur	ries which we should know about for your protection and yours?
In case of an emergency notify:	Phone #:
	WAIVER AND RELEASE OF LIABILITY
NOT RESPONSIBLE FOR ANY INJUR PRACTICING, OR IN ANY OTHER WA PROGRAMS FOR ANY REASON WHA	ER ACTING THROUGH THE BREWER PARKS AND RECREATION DEPARTMENT IS Y OR LOSS OF PROPERTY TO ANY PERSON SUFFERED WHILE PLAYING, AY INVOLVED IN THE BREWER PARKS AND RECREATION DEPARTMENT'S ATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF THE BREWER MENT, ITS AGENTS, OR EMPLOYEES.
and covenant not-to-sue on behalf of me Brewer Parks and Recreation Dept., and a resulting from any negligence on the parainjury, or wrongful death, arising as a resultereto, wherever, whenever, or however	e above named child's participation (if said child is under 18 years of age), I hereby release syself and on behalf of the above named child if under 18 years of age the City of Brewer, any of their employees, instructors, or agents, from any and all present and future claims art of the Brewer Parks and Recreation Dept. or others listed for property damage, personal all of my engaging in or receiving instruction in the programs or any activities incidental the same may occur. I hereby voluntarily waive any and all claims resulting from any eation Dept. and any of their employees, instructors, or agents, both present and future, that ears, devisees, or assigns.
involves certain risks, including but not lidamage, and serious injury to virtually all may be inadequate to prevent serious injureck injury. In addition, I understand that thereto, including, but not limited to, travemedical assistance, and the possible reckle of the danger involved and hereby agree to	program involving cardiovascular stress and physical contact. I understand that the program mited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, brain bones, joints, muscles, and internal organs, and that equipment provided for my protection ry. I further understand that this program involves a particular high risk of knee, head, and t participation in the Brewer Parks and Recreation programs involve activities incidental el to and from the site of the activity, participation at sites that may be remote from available ess conduct of other participants. I am voluntarily participating in this activity with knowledge o accept any and all inherent risks of property damage, personal injury or death.
and all claims arising as a result of my or	the above named child engaging in or receiving instruction in programs or any activities the same may occur. I further agree that you may use my likeness, name and biological facts
	o be as broad and inclusive as permitted by laws of the State of Maine and agree that if any he waiver will continue in full legal force and effect. I further agree that the venue for any legal
freely signing this agreement. I have read	uardian of the above named child if the child is under 18 years of age, am of legal age and am I this form and fully understand that by signing this form, I am giving up legal rights and or or the ordinary negligence of the Parks and Recreation Dept. or any of the parties listed.

DATE

SIGNATURE OF PARTICIPANT