

MOULTONBOROUGH RECREATION DEPARTMENT
ACTIVITY REGISTRATION FORM

PO Box 411 10 Holland Street Moultonborough, NH 03254
Phone (603)476-8868 www.moultonboroughnh.gov

PARTICIPANT INFORMATION

PARTICIPANT's Name _____

Gender _____ DOB: _____ Grade (if child) _____

Activity / Program: _____ Session (if applicable): _____

Cost: \$ _____ Check # _____ Cash Amount _____ CC pmt _____ Rcv'd by: _____

Phone Number: _____

The number provided above will receive text notifications from MRD's automated alert service

Mailing Address: _____

City/Zip _____ Preferred Email: _____

Emergency Contact Name & Phone Number: _____

Emergency Contact Name & Phone Number: _____

List any special requirement or medical information, including allergies & current medications that the

program supervisor should be aware of: _____

Circle one: Year-Round Moultonborough Resident Summer Moultonborough Resident Non-Resident

IF THE PARTICIPANT IS UNDER 18, PLEASE COMPLETE THE FOLLOWING:

Parent/Guardian Name & Phone Number: _____

Parent/Guardian Name & Phone number: _____

Other people my child may be released to: _____

Over please →

Moultonborough Recreation Department
RELEASE AND WAIVER OF LIABILITY

CAREFULLY READ EVERY LINE OF THIS RELEASE AND WAIVER OF LIABILITY. IT PREVENTS YOU FROM BRINGING LIABILITY CLAIMS AGAINST THE TOWN OF MOULTONBOROUGH AND ITS OFFICIALS, EMPLOYEES, AGENTS, VOLUNTEERS AND REPRESENTATIVES.

In consideration of participating in Moultonborough Recreation Department programs, events and activities, the undersigned:

Releases, waives, discharges, covenants not to sue, indemnifies and holds harmless the Town of Moultonborough, its officials, employees, agents, volunteers and representatives (hereinafter "Releasees") from any and all liability to the undersigned, and his/her/their representatives, heirs, and successors in interest (hereinafter "undersigned") for any and all loss, injury, illness or damage, and any claim or demands therefore on account of death, injury or illness of the undersigned or damage to the property of the undersigned whether caused by the negligence of the Releasees or otherwise, arising from or related to undersigned's participation.

→ **(Undersigned's initials here _____)**

Assumes full responsibility for all risks of bodily injury, personal injury or property damage, including but not limited to death, paralysis, brain injury, heart attack, cardiovascular injury, respiratory injury, head injury, stroke, aneurysm, cuts, broken or fractured bones, torn tendons or ligaments, tendon rupture, plantar fasciitis, irritation of the fascia, torn muscles, spinal injury, damage to organs, disease, infection, emotional distress, illness, heat exhaustion, heat stroke, eye injury, concussion, transient dizziness, lightheadedness, fainting, nausea, cramping, exposure to and illness from infectious viruses and diseases including but not limited to COVID-19, joint pain, sprains, tendonitis, muscle strain, muscle pain, bruising, shoulder impingement, wrist fracture and any other physical or emotional injury, medical or psychiatric condition or complication of any kind whatsoever, due to any cause, including the negligence of Releasees or otherwise, arising from or related to the undersigned's participation. **(Undersigned's initials here _____)**

→ Represents and warrants:

(a) that he/she/they acknowledge(s) that participation in any form of recreational or sports activity, involves the risk of serious bodily and psychiatric injury, death, economic injury, and property damage or loss; **(Undersigned's initials here _____)**

(b) that some of the risks of harm include, but are not limited to, intense physical activity, exhaustion, fatigue, dehydration, inexperience, lack of skill, inadequate instruction, negligent regulation, supervision, control, response, prevention or oversight by Releasees or others, slippery surfaces, pre-existing health problems, inadequate or negligent inspection of facilities and equipment by Releasees or others, carelessness or negligence of other participants, carelessness or negligence of the undersigned, uneven surfaces, ventilation defects, insufficient ventilation, possible exposure to and illness from infectious viruses and diseases including but not limited to COVID-19, lack of protective equipment including eye protection, air purification, sanitation and personal protective equipment ("PPE"), lack of health and safety rules, oversight and enforcement by Releasees, lack of compliance with health and safety rules and guidelines by Releasees, undersigned and others, inadequate health and safety practices, safeguards and precautions by Releasees, objects, debris, and obstacles which might cause trips and falls, structural failures, inadequate or negligent instruction, insufficient lighting, carelessness and negligence of Releasees, collision with others, equipment failures, design defects, and any other risk of harm that one may encounter while participating and that may be attributable to Releasees or otherwise; **(Undersigned's initials here _____)**

(c) that he/she/they understand(s) the above list of possible risks is not exhaustive and that unknown and/or unanticipated risks may result in property damage or loss, bodily injury, personal injury, economic injury, or death; **(Undersigned's initials here _____)**

(d) that he/she/they has/have read every line of this Release and Waiver of Liability carefully and had an opportunity to review it with legal counsel (should the Undersigned so desire); and **(Undersigned's initials here _____)**

(e) that he/she/they is/are 18 years of age or older, competent, in good health and has no preclusive medical condition.

→ **(Undersigned's initials here _____)**

(f) that if the registrant is a minor, I certify that the minor is competent, in good health and has no preclusive medical condition.

→ **(Undersigned's initials here _____)**

(g) that if the registrant is a minor, I certify that I am the parent or legal guardian of the minor identified on this registration, that I am 18 years old or older, that I grant permission for the identified minor to participate and that I consent to this Release and Waiver of Liability as well as on behalf of and as the parent or legal guardian of the minor identified on this registration.

→ **(Undersigned's initials here _____)**

This Release and Waiver of Liability shall be binding to the fullest extent permitted by law. If any provision of this Release and Waiver of Liability is found to be invalid or unenforceable, any such provision shall be divisible, and shall not affect in any way the remaining provisions, which shall remain in full force and effect.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY AND I UNDERSTAND THAT I AM GIVING UP LEGAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY.

Full Name of Participant (Please Print)

Date of Birth of Participant (if minor child)

→ Signature of Participant or Parent/Legal Guardian

Date

Print Name of Participant or Parent/Legal Guardian

**Moultonborough Recreation Department
CONSENT AND AUTHORIZATION TO USE
PHOTO/VIDEO/AUDIO/DIGITAL IMAGES**

Read this Consent carefully and be certain you understand it before signing.

I hereby consent to, authorize and grant to Moultonborough Recreation Department, and its officials, agents, representatives, volunteers, employees, successors, assigns, or those for whom it is acting, and all persons and corporations acting with its permission or authority, including but not limited to the director/producer, editor, recorder, photographer and videographer/filmmaker, the absolute right and permission to take, copyright, use, and publish and/or broadcast any video film, footage, audio recordings, soundtrack recordings, photographs, digital images or reproductions of me/my minor child, and my/my minor child's narrative account of my/my minor child's experience,(collectively referred to as "Materials"). I/my minor child may or may not be identified in such Materials; however, I/ my minor child shall not be stated by name to have endorsed any particular commercial product(s) or commercial service(s) or commercial programming. I further understand that neither I nor my minor child will have any editorial control over the final product and/or my/my minor child's portion of the Materials.

I represent that I am at least eighteen (18) years of age and that I am competent to sign this Consent.

I have read the foregoing Consent and fully understand its contents. This Consent shall be binding upon me, my heirs, legal representatives, and assigns. If any provision of this Consent is found to be invalid or unenforceable, any such provision shall be divisible, and shall not affect in any way the remaining provisions, which shall remain in full force and effect.

Full Name of Participant (Please Print)

Date of Birth of Participant
(if minor child)

Signature of Participant or Parent/Legal Guardian

Date

Print Name of Participant or Parent/Legal Guardian

Sign below if your are withholding photo/video/audio/digital consent for the Participant:

Full Name of Participant (Please Print)

Date of Birth of Participant
(if minor child)

I do NOT consent to, do not authorize, or do not grant permission for me/my minor child, identified above, to appear in any photo, publication, video, audio recording, social media post or other Internet-based posting originating from or submitted to Moultonborough Recreation Department.

Signature of Participant or Parent/Legal Guardian

Date

Print Name of Participant or Parent/Legal Guardian

Moultonborough Recreation Department
Medical Information and Authorization for Medical Evaluation & Treatment

FULL NAME of PARTICIPANT (Please Print)

Participant Date of Birth

Physical Conditions

Please list/explain any physical conditions, injuries, chronic illnesses (diabetes, epilepsy, asthma, etc) or disabilities which might impact participation in any activities. Please list hospitalizations within the last year. If none, please indicate "none"

Behavioral Conditions

Please list any emotional or behavioral conditions which might limit participation in activities. IE: ADD/ADHD, ODD, Autism/Asperger's, Anxiety, Depression, PTSD, Bipolar or other. Please provide further explanation if needed. If none, please indicate "none"

Allergies

Please list any and all allergies to food, insects, bees, medications below. Please provide info regarding typical reaction symptoms and treatment/medications. If none, please indicate "none"

Medications

Please list all current medications (prescription & over the counter) and the condition for which they are taken. If none, please indicate "none"

Medical Release

I acknowledge the medical info provided is true & accurate. I agree to advise MRD in writing of any change in medical conditions or regiments. I hereby authorize MRD, its representatives or employees to obtain any and all necessary medical attention, evaluation and treatment in the event of accident, injury, sickness, etc.

By signing below, I acknowledge that I have read and understand the above statements.

Signature of Participant or Parent/Legal Guardian

Date

Print Name of Participant or Parent/Legal Guardian