I hereby agree to release, discharge and hold harmless, the Moultonborough Recreation Department, its employees &
volunteers from any liabilities that may occur while participating in the recreational activity listed above. The person
named above has permission to take part in all prescribed activities. I understand that participation in any recreational
program or activity involves risk. This health history provided is correct to the best of my knowledge, and I will keep
the Recreation Department notified of any changes to the above information. I further understand that
Moultonborough Recreation Dept does not provide accident or medical insurance for its program participants. In case
of accident, I give my permission for the recreation staff to administer first aid. I give permission for staff or volunteer
s
of the Moultonborough Recreation Dept to contact the rescue squad for assistance and/or transportation to the
nearest medical facility, should an injury occur which in their opinion requires medical attention. In the event that
none of the before named relations can be reached I hereby give permission to the attending emergency personnel to
administer whatever care he/she deems necessary for the safety of myself or my child. I understand that it is my
responsibility to disclose any medical conditions or medical information to the Moultonborough Recreation
Department. Unless otherwise stated in writing, I give my permission for photos to be taken by Moultonborough
Recreation Department. Staff during this event/program and that said photos may be used for publicity purposes by
the Moultonborough Recreation Department. I understand that photos may be posted on the internet, the Rec Dept.
Facebook page, the Town of Moultonborough website, or on future advertising materials. By signing this, I am willing
to be a part of Moultonborough Recreation’s automated notification system for cancelations, changes and
announcements regarding MRD events and programs. I have read this Indemnity agreement and understand its terms.

____________________________________________________________
Signature: Participant or Parent/Guardian (If under 18)  
Date