



Waltham Recreation Department 2018 SPRING SEASON

WAIVER, CONSENT AND RELEASE (OF A MINOR/CHILD)

I/We, the undersigned _____
(Insert legal relationship to participant, e.g. "parent", "guardian")

of _____, a minor, do hereby consent to my child's participation
(insert name of participant) ("my child")

in voluntary athletic or recreation programs for the City of Waltham's programs.

I/We also agree to forever waive and release the City of Waltham and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs of the City of Waltham ("the Releasees") of and from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the City of Waltham's voluntary athletic or recreation programs.

I/We, for our heirs, successors or assigns also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, are or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation in the City of Waltham's voluntary athletic or recreation programs.

I/We represent and warrant that I/we have the authority and capacity to sign this Waiver and Release.

I/We further affirm that I/we have read this Waiver, Consent and Release Form and that I/We understand the contents of this Form. I/We understand that my child's participation in these programs is voluntary and that my child and I/we are free to choose not to participate in said programs. By signing this Form, I/we affirm that I/we have decided to allow my child to participate in the City of Waltham's athletic or recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage to my child or I/we may suffer in voluntary City of Waltham's athletic or recreation programs. I/We understand this is a binding legal document waiving and releasing actual and potential claims and that I/we have had the opportunity to obtain legal advice if I/we choose.

Parent/Guardian Name (print): _____ Parent/Guardian of (print): _____

Parent/Guardian Signature: _____ Date: _____

Witness Name (print): _____ Witness Signature: _____



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ADULT WAIVER AND RELEASE FORM

I agree to forever waive and release the City of Waltham and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs of the City of Waltham ("the Releasees") of and from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to myself or property damage resulting from my participation in the City of Waltham's voluntary athletic or recreation programs.

I, for my heirs, successors or assigns also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, are or may be asserted in the future, directly or indirectly, arising from personal injuries to myself or property damage resulting from my participation in the City of Waltham's voluntary athletic or recreation programs.

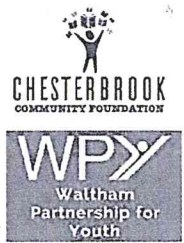
I represent and warrant that I have the authority and capacity to sign this Waiver and Release.

I further affirm that I have read this Waiver, Consent and Release Form and that I understand the contents of this Form. I understand that my participation in these programs is voluntary and that I am free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to participate in the City of Waltham's athletic or recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage to myself or I may suffer in voluntary City of Waltham's athletic or recreation programs. I understand this is a binding legal document waiving and releasing actual and potential claims and that I have had the opportunity to obtain legal advice if I choose.

Print Name: _____ Sign Name: _____ Date: _____



Community Dodgeball Tournament Registration and Waiver



Participant's T-shirt Size: _____
Peer Partner Name: _____

Participant's Name: _____

Address: _____ Zip: _____

Primary Phone # in the event of EMERGENCY or PROGRAM CHANGES: _____

Is participant a Waltham Resident?: Circle: Yes No D.O.B. _____

Age: _____ Grade: _____ Circle: Male Female School: _____

Parent/Guardian #1: _____ Relation: _____ D.O.B. : _____

Cell Phone: _____ Home Phone: _____

Business Phone: _____ Email Address: _____

Parent/Guardian #2: _____ Relation: _____ D.O.B. : _____

Cell Phone: _____ Home Phone: _____

Business Phone: _____ Email Address: _____

If parent/guardians are not available in an emergency, notify person below (List Relative/Friend— other than parents)

Name: _____ Home/Work Phone: _____

Photo Policy: By registering for a program, you give permission for Waltham Recreation Department, Waltham Partnership for Youth and Chesterbrook Community Foundation to take and publish photos of you (or your child) participating, along with a photo identification. If you do not wish to be photographed (or have your child photographed), you must include this request, in writing, along with your registration.

ALLERGIES - MEDICATIONS - SPECIAL ACCOMMODATIONS

Does participant have any allergies, medications, environmental and/or food)?

Please Circle One

Yes No

Does participant currently take any medication and/or will take during a program?

Yes No

Does participant need extra help or attention in any area?

Yes No

Are there behavior or special needs that may need to be addressed?

Yes No

If you answered yes to any of these questions, complete the section below.

Allergies— medications, environmental and/or food:

Medications taken at home:

Medications that will be taken/needed at the program (list dosage and times):

Please note: if your child will be taking any medication during a program, an "Authorization to Administer" form must be completed. The form must be updated each season.

The form is available at the Recreation Office or on the city's web page— www.city.waltham.ma.us

Please list any special arrangements or accommodations needed for your child, while attending the program: