



Sunrise Sunset Center Participation Form and Waiver

LAST NAME: _____ FIRST NAME: _____ MIDDLE: _____

DOB: _____ HOME PHONE: _____ CELL PHONE: _____

ADDRESS: _____

TOWN/CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____ Are you a Military Veteran? _____

IN CASE OF EMERGENCY, PLEASE CONTACT: (LIST 2 names)

1) _____ Hm Ph # _____ Wk Ph # _____ Relationship: _____

2) _____ Hm Ph # _____ Wk Ph # _____ Relationship: _____

PHYSICIAN: _____ Ph #: _____ NAME OF PRACTICE: _____

PLEASE LIST ANY ACTIVITY OR DIETARY RESTRICTIONS:

**ALLERGIES (medications, bee stings, etc.) or MEDICAL CONDITIONS:
(Diabetes, epilepsy, respiratory, heart problems, recent surgery or major illness, etc.)**

OTHER PERTINENT INFORMATION YOU FEEL WE SHOULD HAVE IN WRITING:

NEWMARKET RECREATION DEPARTMENT SUNRISE SUNSET CENTER LIABILITY WAIVER:

In consideration of the permission granted to the participant named above to participate in the Newmarket Recreation Department programs. I SHALL RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the NEWMARKET RECREATION DEPARTMENT, their agents and employees from all liability for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the named participant, whether caused by the negligence of the NEWMARKET RECREATION DEPARTMENT, its agents and employees or otherwise while the named participant participates in its programs.

I further agree to indemnify the NEWMARKET RECREATION DEPARTMENT, their agents and employees from any and all liability, loss or damage including but not limited to bodily injury, their agents and employees become legally obligated to pay including reasonable attorneys' fees and costs, as a result of claims, demands, costs or judgments, against the NEWMARKET RECREATION DEPARTMENT, their agents and employees and whether or not such liability is sole, joint or several.

I am aware that participation in this program may present a strain on my body or its parts and therefore I represent to NEWMARKET RECREATION DEPARTMENT that to the best of my knowledge, I am in proper physical condition to participate and that I assume the risk of participating.

I understand that the above program involves traveling to various activity sites. I will accept full responsibility for the transportation of myself to and from these activities and I release, indemnify and hold harmless any persons providing such transportation.

I understand that in case of injury or illness, I give permission to the attending physician to treat, hospitalize, administer anesthesia or to order injections or surgery for my safety.

SIGNATURE: _____ DATE: _____

PHOTO AND VIDEO RELEASE:

I, the undersigned (as per my signature below) by registering in any Newmarket Parks and Recreation program, agree to all publications of any photos or videos taken of myself, event or facility of the Town of Newmarket Parks and Recreation Department.

SIGNATURE: _____ DATE: _____