



# TOWN OF AMENIA

4988 Route 22, AMENIA, NY 12501  
TEL: 845-373-8860 FAX: 845-373-8140

## AMENIA RECREATION TRIP REGISTRATION FORM

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Contact Number \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Participant Medical Problems or Allergies, Special Needs or Accommodations: \_\_\_\_\_

\_\_\_\_\_ (name of trip/activity) \_\_\_\_\_

Registration Fee: \$ \_\_\_\_\_ .00 Amenia Resident / \$ \_\_\_\_\_ .00 NON-Amenia Resident

### Release of Liability

I agree to pay in full the amount specified on my receipt from the department, I also understand that the past due payments can be collected through a third party agency. In consideration for being permitted by law the above department to participate voluntarily in the above activity, I hereby waive, agree to release and discharge any and all claims for damages for personal injury, death or property damage which I may have, or which hereafter accrues to me, as a result of participation in said activity. This release is intended to discharge in advance the Town including its officers, employees, agents, cosponsors or volunteers, from any and all liability even though that activity may rise out of a ordinary negligence or carelessness on the part of the persons or entities mentioned above now and forever. It is to be binding on heirs and assigns. I agree to indemnify and to hold the Town, including its officers, employees, agents, co-sponsors or volunteers, free and harmless from any loss, liability, cost or expense which they feel may incur as a result of my death or any injury to myself or property damage that I may sustain while participating in said activity now and forever. I understand that no medical insurance is provided. I hereby authorize the Town to photograph and/or video tape said activities for the use in Town newsletters, on the Town website and for broadcast on Cablevision Municipal Access Channel 22 with the same terms as state above, outlining my own participation, now and forever.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Email: (for town purpose only) \_\_\_\_\_

### For Office Use Only (payment information)

Cash \_\_\_\_\_ Check \_\_\_\_\_ Date Received \_\_\_\_\_ Staff Initial \_\_\_\_\_