



TOWN OF AMENIA

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

AMENIA RECREATION ACTIVITY REGISTRATION FORM

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____ Date of Birth _____

Home Phone _____ Cell Phone _____

Emergency Contact _____ Contact Phone _____

Physician Name _____ Physician Phone _____

Medical Problems, Allergies, Special Needs or Accommodations _____

Trip or Activity _____

RELEASE OF LIABILITY

I agree to pay in full the amount specified above. I understand that past due payments may be collected through a third party agency. In consideration for allowing me to participate 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 accrue to me, as a result of participation in said activity. This release is intended to discharge the Town of Amenia, its officers, employees, agents, cosponsors or volunteers, from any and all liability even though it may arise out of ordinary negligence or carelessness on the part of the persons or entities mentioned above, now and forever, to be binding on my 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 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 understand and accept that participation in the activity above may carry with it certain inherent risks, hazards and dangers that cannot be eliminated regardless of the care taken to avoid injuries.

Signature _____ Date _____

Email: (for town use only) _____

Initials _____ *I hereby authorize the Town to photograph and/or videotape my participation in this activity for use in Town newsletters, the Town website, or broadcast on Municipal Access Channels.*

OFFICE USE ONLY

Fee: _____ Cash _____ Check _____ Date Pd _____ Staff Initial _____