

BARRINGTON RECREATION DEPARTMENT
Fishing Derby

Liability Release Waiver & Authorization Information

The named participant or minor child named on this form (hereafter "participant") has permission to participate in the activities of the Barrington Recreation Department (hereafter "TOWN"). This permission slip is valid for one year unless it is revoked earlier in writing by the parent/guardian.

I understand and accept that the activities of the Town involve strenuous athletic pursuits that include, but are not limited to, the risk of physical contact, physical injury and other inherent risks. In consideration of the below named participant being permitted to participate in the activities of the Town, in consideration of the instruction the participant is to receive and for other valuable consideration, I hereby agree on behalf of myself and the below named participant to indemnify and hold the Town of Barrington and all their officers, agents, employees, coaches and volunteers harmless from and against any and all claims of any sort whatsoever arising out of or in connection with the below named child's participation in Town activities.

ADDITIONALLY, THIS AGREEMENT SHALL APPLY TO ANY CLAIMS ARISING FROM OR THROUGH THE NEGLIGENCE OF THE TOWN OR ITS OFFICERS, AGENTS, EMPLOYEES, COACHES AND VOLUNTEERS.

(Minor child participant only): In the event I cannot be reached in an emergency of requiring medical attention for the below named child, permission is hereby given to administer such first aid as deemed necessary. Further permission is given to allow medical services to be performed by doctors, hospitals or other qualified medical providers as deemed necessary in an emergency, including surgery if reasonably necessary. I understand that the cost of all emergency services is my responsibility. Any exceptions or restrictions imposed by the parent or guardian must be detailed and initialed in the space provided below:

By signing below, I acknowledge that I have read and understand this Registration form and the Liability Release Waiver and Authorization. My responses are complete and accurate to the best of my knowledge and I agree to abide and be bound by this document.

PARENT/GUARDIAN/FAMILY INFORMATION

Parent/Guardian Name: _____

Parent/Guardian Cell Phone: _____ Home Phone: _____

Parent/Guardian Physical Address: _____

****All participants under the age of 13 must be accompanied and supervised by a parent/ guardian****

PARTICIPANT 1

Participant Name: _____ Participant Age: _____ DOB: _____

Additional Information: _____

PARTICIPANT 2

Participant Name: _____ Participant Age: _____ DOB: _____

Additional Information: _____

PARTICIPANT 2

Participant Name: _____ Participant Age: _____ DOB: _____

Additional Information: _____

Occasionally, photographs or video will be taken of the participant in this program. These photographs or videos may be selected for use in town and/or recreation department publications including its website. However, we will not identify participant by name or release any other personal information.

____ I GIVE MY PERMISSION or ____ I DO NOT GIVE MY PERMISSION for participant(s) to be photographed.

Parent/ Guardian Signature

Date