

Cornwall Park and Recreation Activity Form

Year-Round Children Activities

*Please fill out one for each child. *

Child Name: _____

Date of Birth: _____ Grade: _____

Allergies or disabilities that supervisor should be aware of _____

Parent/Guardian Name: _____

Address _____

Street and/or P.O. Box

Town

Zip

Phone #: _____ Cell #: _____

Email Address: _____

Parent/Guardian Name: _____

Address _____

Street and/or P.O. Box

Town

Zip

Phone #: _____ Cell #: _____

Email Address: _____

In case of an emergency and you cannot be reached, please provide another person for emergency contact:

Name: _____

Relationship: _____

Phone Number: _____

PHOTO RELEASE

I give permission to have my child's picture to appear on the Cornwall Park and Recreation website and Facebook page while engaged in Cornwall Park and Recreation activities. _____ Yes _____ No

Signature

RELEASE AND EMERGENCY MEDICAL AUTHORIZATION

The undersigned, for themselves and/or their children as hereinafter named, hereby releases and discharges the Town of Cornwall, its officers, commissioners, commissions, employees, and agents from any and all liability for any loss or damage to property of or bodily injury or death to the undersigned arising from or related to the undersigned's participation in the town-sponsored activity hereinafter specified; and

The undersigned does hereby further knowingly, intentionally, freely and expressly:

- (1) assume the risk for any loss, damage, bodily injury or death arising from, related to, or occurring during the undersigned's participation in the town-sponsored activity hereinafter specified; and
- (2) releases the Town of Cornwall and its officers, commissioners, commissions, employees and agents from any and all liability for any such loss, damage, bodily injury or death to the undersigned; and
- (3) waives any claim or cause of action which the undersigned may have against said Town or its officers, commissioners, commissions, employees and agents for any such loss, damage, bodily injury or death.

If the undersigned cannot be reached, the undersigned does hereby give permission to the physician selected by the Recreation Department of the Town of Cornwall or program supervisor to hospitalize, secure proper medical treatment for, and/or to order injection, anesthesia, or surgery for myself and/or my child as participants in the town-sponsored activity hereinafter set forth.

Parent/ Guardian Signature

Date