



Eliot Recreation Department Program Waiver

Program/Event: _____

Date: _____

Name of Participant:

DOB:

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Name of Participant:

DOB:

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Address:

City/State/Zip:

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Home Phone:

Email:

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Emergency Contact:

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Waiver: I hereby, for myself and all family members agree not to hold the Eliot Recreation Department, the Town of Eliot, Maine, its employees, instructors, administrators, and authorized volunteers liable in the event of an injury incurred as a result of my participation in the above-named program. I authorize the Eliot Recreation Department to obtain any necessary medical evaluation and treatment. Notice is hereby given to any health care provider that the Eliot Recreation Department is fully authorized to obtain the necessary evaluation and treatment. I agree to abide by the refund policy, other policies and procedures of the Eliot Recreation Department, and any additional rules and regulations as stated for the above-named program.

** If you do not want pictures of yourself used to promote Eliot Recreation Department and its programs, a written request must be submitted to Eliot Recreation Department**

X Signature of participant 18+

Date

X Signature of Parent/Guardian if under 18

Date

Staff Initials: _____