

Registration is now open for all our programs, classes and activities. Use registration form below for any programs listed.

## Stratford Recreation Department Participant Waiver

Participant Name \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

In consideration of the Town of Stratford Recreation Dept., accepting my entry, I hereby, for myself, my child(ren), my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the Town of Stratford and its representatives, successors, and assigns for any and all injuries suffered by myself at the program listed above. I recognize and accept the inherent risks involved in participating in this activity and will not hold the town of Stratford or its representatives responsible for injuries or damages as a result of participating in this activity.

PARTICIPANT ALLERGIES (write "NONE" if no allergies) \_\_\_\_\_

**X** \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date