WALDOBORO RECREATION STRENGTH BUILDING – APR/MAY 2008

Cost of the program is $36

Name:_____ Age:____ male female

Address:_____ Town:_____ Home #: _____

Emergency Contact: _____ Home #: _____ Work/Cell#_____

Doctor's Name:_____ Tel #:_____ Hospital:_____

Allergies or special medical conditions:_____

LIABILITY RELEASE: I agree to waive and release any and all claims I may have against Town of Waldoboro and the Waldoboro Fitness Center their agents, employees, paid and non-paid volunteers, officers, chaperones, leaders, organizers and sponsors.

MEDICAL TREATMENT: I understand that although a physician's examination is not required for registration, it is highly advisable that participants consult with a physician before participation in athletic and strenuous activities. Medical insurance is not provided. In the event that I become ill or injured, I hereby authorize whatever medical care and/or services necessary under the circumstances to preserve life, limb or my well being. I understand that the program will attempt to notify my emergency contact as soon as possible.

PHOTO RELEASE: I authorize the release of any photographs taken of me as part this program to be published in the newspaper or posted on the internet.

I have read this form and understand its content..

_____ _____ _____

Participant (printed name) Signature Date

PRIVACY POLICY - Identifiable Personal Information is information about a natural person that is readily identifiable to that specific individual. Information collected on this form will be used solely for registration in a program. We will not release or share information with other agencies or entities that is not required by 1 M.R.S.A. Chapter 13.

For office use only:

Payment type: check cash Amt Rcvd: _____ Check # _____ Pmt received by:_____ Date:_____