LIABILITY RELEASE FORM

I understand that my child (Please print Name here) ________________________, participating in the Town of Tamworth Recreation Department program, in which certain dangers and risks may arise, including, but not limited to, physical injury or loss of property. In consideration of the right to participate in the Town of Tamworth Recreation Department program, and the services provided to my child by the Town of Tamworth and their agents and employees, I have and do hereby assume any and all risks associated with the Tamworth Recreation Department program.

To the extent not otherwise covered by an insurance policy, the undersigned shall: (1) at his/her/their own expense defend the Town of Tamworth and its officers, employees, agents, and invitees from any claim resulting from an injury to his or her child arising from any cause whatsoever which occurs during or as a result of, or in conjunction with, the Tamworth Recreation Department program; (2) at his or her own expense defend the Town of Tamworth and its employees, agents, and invitees from any claim damage arising out of any injury to another person caused by his or her child while in any Tamworth Recreation Department program; (3) indemnify the Town of Tamworth from any and all liability cost or expense, including attorney’s fees, resulting or relating to any act or omission of their child, which results in a claim against the Town of Tamworth and its officers, employees, agents and invitees. The Town of Tamworth does not warrant or guarantee that insurance is available or that, if available, it will provide coverage for any particular injury to you.

By signing below, you acknowledge that participation in the Tamworth Recreation Department program may result in physical strain on you and therefore, you represent that to the best of your knowledge and belief you are in proper physical condition. If you suffer an injury or illness, we make every effort to notify the emergency contact person listed below based on the information you provide. If in an emergency they cannot be successfully contacted, then you hereby give permission to the attending physician or emergency personnel to transport, hospitalize, medically treat, administer anesthesia, and/or perform surgery.

You further authorize the Town of Tamworth and its employees/agents to use photographs and/or video of you to promote the Tamworth Recreation Department program. By signing below, you acknowledge that you have read this liability release form, fully understand its terms, and/or have had the opportunity to clarify any questions you had with your legal counsel.

If you are in any way uncomfortable with a FULL and COMPLETE release of your right to seek recovery for any injury or property loss you sustain while participating in the Tamworth Recreation Department program, you should not sign this liability release form, in which case you agree that you will not be allowed to participate in the Tamworth Recreation Department program.
Please note: sign and return this liability release form to the Town of Tamworth Recreation Department prior to your participation in the program.

________________________________  ________________  __________________
Parent/Guardian Signature          Date                  Home/Work/Cell Phone

Tamworth Rec Dept Liability Release Form
P. Roberts, Recreation Director
October 2018