

NEW CASTLE RECREATION DEPARTMENT SPORTS ROSTER AND WAIVER FORM

In consideration for the right to participate in New Castle Recreation programs or activities, I hereby agree to the following:

I understand that any recreational activity, including the one for which I am applying, involves certain risks to my personal safety and property or the safety and property of others. I agree that it is solely my responsibility to insure my health is adequate and my capabilities are sufficient to participate in this activity. I hereby waive any claim I might have against the Town of New Castle and its officers, employees, agents, servants, insurers and all representatives and sponsors arising out of my participation in this activity. Furthermore, I hereby agree to release and hold harmless the Town of New Castle from any claim brought by a third party due to my participation in this activity. I understand that I or my child may be photographed and give permission for photographs to be used to publicize activities for the Recreation Department. In the event of an emergency I give consent for me or my child to be taken to and treated at the nearest medical facility, understanding that every effort will be made to contact the emergency contact person set forth on this form. In such event, I shall be solely responsible for all medical expense associated with medical care. If I am signing this agreement on behalf of a minor child, I understand that the foregoing agreements and waivers shall apply equally to the child.

NAME

ADDRESS

PHONE

EMAIL ADDRESS

1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____