



Town of Simsbury

933 HOPMEADOW STREET

P.O. BOX 495

SIMSBURY, CONNECTICUT 06070

CULTURE, PARKS AND RECREATION DEPARTMENT

DROP-IN FITNESS CLASS & PROGRAM REGISTRATION & LIABILITY FORM

Registration Form

Participant Name: _____ Age: _____

Address: _____

Phone Number: _____ Email: _____

In Case of Emergency Notify:

Name: _____ Phone: _____

Waiver

Waiver of Participant of Self:

In consideration of your accepting my or my child's registration and entry, I hereby for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the Town of Simsbury or the Simsbury Culture, Parks and Recreation Department and its representatives, successors and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups. I understand there is an inherent risk of injuries associated with the activity and authorize emergency medical treatment and transportation in my absence.

Participant Signature _____ Date _____

(If 18 or under, Parent or Guardian Signature required)