

Rec. News

Release Form

EASTON RECREATION DEPARTMENT

PARTICIPANT'S NAME _____

DATE OF BIRTH _____ AGE _____ GRADE _____

HOME PHONE # _____ EMERGENCY PHONE # _____

ADDRESS _____

FATHER'S NAME _____ MOTHER'S NAME _____

PARICIPANT, PARENT OR GUARDIAN PLEASE READ:

I/we the parents or guardians of the above named participant, hereby give my/our approval for the participation in Easton Recreation Department activities, knowing that participation in any of these programs may cause serious injury or even death to the participants. I/we assume all risks incidental to such participation and hereby release, absolve, indemnify, and agree to hold blameless, the Town of Easton, the organizers, sponsors, participants, supervisors, volunteers, or the person or organization responsible for transportation during any programs. My/our signature below is verification that I/we understand and agree to the contents of this paragraph.

Your signature also signifies your approval of the unremunerated use of any photos of above named for Easton Recreation Department and Town of Easton's promotional use.

My child has permission to cross to and return from Canada for Easton Recreation Department field trips and activities.

FATHER'S SIGNATURE _____ DATE _____

MOTHER'S SIGNATURE _____ DATE _____

PARENT'S EMAIL _____