

TOWN OF WAPPINGER

CONSENT FORM

I acknowledge the risk of illness and injury inherent in participating in any recreational activities, including, but not limited to: sports, exercise, fitness or aerobics programs, swimming and summer camp programs and related transportation activities. I participate in recreation programming upon the express agreement and understanding that I hereby waive and release, for myself, and/or my heirs, executors and administrators, any claims for damages I may have against the Town of Wappinger, or the Town of Wappinger Recreation Department, its agents, employees or designees acting on behalf of the Town of Wappinger, for any and all injuries suffered in the regular and ordinary course of participation in such program.

I understand that the Town of Wappinger does not provide accidental medical coverage insurance and I agree to provide my own medical insurance coverage or pay for such costs in the event of injury resulting from participation in such activities.

I hereby give permission to the Town of Wappinger Recreation Department or its agents, employees, or duly designated agent(s) to administer emergency medical care in the event of injury.

Signature: _____ Date: _____

Print Name: _____

Address: _____

Emergency Phone Number: _____ Cell: _____

Check appropriate choice:

I **DO** **DO NOT** give my permission to allow any photographs taken of my participation in said program to be used in informational literature about the Town of Wappinger Recreation Department.

Signature: _____

Print Name: _____ Date: _____