

## **Ayden Arts and Recreation Department**

4354 Lee St., Ayden, NC 28513 (252) 481-5837/(252) 481-5838

 _Paid
 _Date
 _Staff
 _Computer

## **Adult Athletic Form**

Please Print			
Participant's Name:	Gender: (M) (F)		
Date of Birth:	Age:		
Street Address:	City:	Zip Code:	
Email Address:			
Cell Phone:	Carrier:		
Home Phone:	_ Work Phone:		
T-shirt Size (Circle one) S M L XL 2XL 3XL Jersey #:			
Are you registering as an individual or are you on a 'team' roster? (Circle one) Yes or No			
If you answered TEAM, please put the Team Captain or Team Manager's Name:			
Rate your skill level (Circle one) Beginner	Intermediator	Advance	
MEDICAL/EMERGENCY INFORMATION			
Emergency Contact:	Phone:		

Allergies or other medical conditions:

**Town of Ayden Release and Indemnity Agreement** I understand that participating in the recreational program selected involves risk of injury. These risks include inclement weather, accidents while traveling, equipment problems or failures, contacts with and actions of other participants, slips/trips/falls, and musculoskeletal injuries, among others. I choose for myself to participate in the selected programs despite the risks. By signing the Registration Form, I acknowledge all risks of injury, illness, and death and affirm that I have assumed all responsibility of injury, illness, or death in any way connected with participation in the program. I also agree for myself to follow all rules and procedures of the program and to follow the reasonable instructions of the teachers and supervisors of the program. In return for the opportunity to participate in this program, I agree for myself and for my heirs, assigns, executors, and administrators to release, waive, and discharge any legal rights I may have to seek payment or relief of any kind from the Town, its employees or its agents for injury, illness, or death resulting from this program. I also agree not to sue the Town, its employees, or its agents and agree to indemnify the Town for all claims, damages, losses, or expenses, including attorney's fees, if a suit is filed concerning an injury, illness, or death to me resulting from participation in the program.

\*\* I have read the above waiver and understand the contents\*\*

Signature \_\_\_\_\_\_Furthermore, I hereby, grant permission to the Town of Ayden to use my (or my child) name, likeness, attributed statement and/or photograph in official printed, sponsored, web posted publications without further consideration.