

Ayden Arts and Recreation Department 4354 Lee St., Ayden, NC 28513 (252) 481-5837/ (252) 481-5838 ADULT PARTICIPATION FORM

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Date	
Staff	
Computer	
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Program:	Date of Birth:	Age:	
Participant's Name:		Gender: (M) (F)	
Street Address:			
City:	Zip Code	:	
Email Address:			
Cell Phone:	Cell Phone Carrier:		
Home Phone:	Work Phone:		
MEDICAL/EMERGENCY INFO	<u>ORMATION</u>		
Emergency Contact:	Phone:		
Allergies or other medical condition	ns:		
traveling, equipment problems or far slips/trips/falls, and musculoskeletal selected programs despite the risks. of injury, illness, and death and affir in any way connected with participal procedures of the program and to foothe program. In return for the opposite heirs, assigns, executors, and admir to seek payment or relief of any kind death resulting from this program. It agree to indemnify the Town for all suit is filed concerning an injury, illness, assigns, executors, and injury, illness, assigns, executors, and admir to seek payment or relief of any kind death resulting from this program. It agree to indemnify the Town for all suit is filed concerning an injury, illness, and musculoskeletal selected programs despite the risks.	njury. These risks include inclement wallures, contacts with and actions of otal injuries, among others. I choose for a By signing the Program Registration arm that I have assumed all responsibility ation in the program. I also agree for no follow the reasonable instructions of the runity to participate in this program, I mistrators to release, waive, and dischard from the Town, its employees or its I also agree not to sue the Town, its end claims, damages, losses, or expenses these, or death to me resulting from participate.	her participants, myself to participate in the form, I acknowledge all risks lity of injury, illness, or death myself to follow all rules and the teachers and supervisors of agree for myself and for my rege any legal rights I may have agents for injury, illness, or inployees, or its agents and including attorney's fees, if a articipation in the program.	
Initial: ** I have read th	e above waiver and understand the con	ntents**	
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.			