

Town of Halfmoon Activity Registration

Name (Last, First)	D.O.B.	Age	Sex	**Medical Information

Mailing Address _____ City _____ Zip _____

E-Mail _____

LEGAL GUARDIANS INFORMATION

<u>Relationship</u>	<u>Name</u>	<u>Primary Phone #'s</u>
_____	_____	(1) _____ (2) _____
_____	_____	(1) _____ (2) _____

EMERGENCY CONTACT INFORMATION

<u>Relationship</u>	<u>Name</u>	<u>Primary Phone #'s</u>
_____	_____	(1) _____ (2) _____

RECREATION STATEMENT

All sections must be completed in order to participate in the Town of Halfmoon Program

*** * Authorized Participation * ***

I, _____ parent / guardian of _____ certify that my child / children can participate in the Parent's Night Out event with the Town of Halfmoon. I further agree that if he / she becomes injured, the Town of Halfmoon and the Town of Halfmoon Recreation Department, through it's servants, officers, employees, or agents, may obtain emergency medical treatment / and transportation as deemed necessary by them to provide individual safety and well being. I further understand that the Town of Halfmoon will first attempt to contact me at the numbers listed on the registration form to obtain consent for treatment if the conditions and time permits.

*** * Waiver Statement * ***

The undersigned states that he/she understands that the Town of Halfmoon is not and shall not be responsible for or liable for any illness, injury to person or damage to property resulting from the program, activities occurring during the program and the undersigned hereby releases and holds harmless the said Town of Halfmoon from all claims of any kind that the undersigned or his/her heirs, executors, administrators, or assigns may have either individually or as a parent and natural guardian for any claim that has resulted from the child's participation in the said program. Also, the undersigned waives any and all claims that he/she alleges or his/her heirs, executors, administrators, or assigned may have or claim to have resulting from a photograph (black/white or color) or video taken of said person while participating in the program.

**** Indemnification Waiver * ***

I, _____, hereby agree to indemnify and hold the Town of Halfmoon, it's employees, servants, officers and agents free and harmless from and against any and all losses, liabilities, causes of action, all other types of claims of every kind and character arising out of, relating to, and occurring either directly out of the use of any or all of the Halfmoon facilities, parks, municipal buildings, streets, highway or other lands by the undersigned either as individuals / parents of minor children or as member of a group or as result of any acts and or omissions including negligence by the Town of Halfmoon, it's officers, servants, employees, and agents. I further agree to investigate, handle, respond to, provide defense for and defend any such cause of action, loss or other claims at my sole expense and agree to bear all other costs and expenses related there to.

*** I Have Read & Understand the Registration, Authorized Participation And Waiver Statement and Indemnification Waiver.** I understand that if any clause, sentence, paragraph, section or part of the Recreation Statement is judged by any court of competent jurisdiction to be invalid, such judgment shall not affect, impair or invalidate the remainder thereof, but shall be confined in its operation to the clause, sentence, paragraph, section or part there of directly involved in the controversy in which such judgment shall have rendered.

This _____ Day Of _____, 2014 (Registration Invalid Without Signature)

Signature

Printed Name