

Waterboro Recreation Registration Form

24 Townhouse Rd.
E. Waterboro, ME 04030

247-6166 x115

Program: Botanical Gardens Aglow and Taste of Maine

Thursday, December 6. Depart Waterboro 1:45pm, return approx. 10:15pm

Participant's Name: _____

Parent/Guardian Name: N/A _____

Mailing Address: _____

Email: _____

Day Phone: _____ Evening Phone: _____

I, _____, elect to, or have elected to have my child named above, to participate in the above listed Waterboro Recreation program. I understand there are inherent risks in any athletic activity. With this in mind, I hereby release, waive, discharge, and covenant not to sue Waterboro Recreation, hereinafter referred to as "Town," its present and future agents, officers, directors and employees, and the owner/operator of the above listed program (should there be any), hereinafter referred to as "Program," its present and future agents, officers, directors, and employees from all liability, for any and all loss, damage, and any claim or demands whatsoever on account of bodily and personal injuries, death, property damages or damages of whatever kind, whether caused by the negligence of the Town or the Program, any unsafe property or equipment, or otherwise. If I breach this agreement, I shall be liable to the Town and the Program for any costs incurred, including but not limited to attorney's fees.

The undersigned has read carefully and voluntarily signs the release waiver of liability and indemnity agreement, and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

Participant or Parent/Guardian Signature

Date

For office use only

Payment Info:

Today's Date: _____

Amount Due: **\$40**

**Payment Due With Registration
and is non refundable**

Paid by: _____ Cash _____ Check

Please make checks payable to: Waterboro Recreation