

Waterboro Recreation Registration Form

24 Townhouse Rd.
E. Waterboro, ME 04030

247-6166 x115

Program: Botanical Gardens - June 16, 2020 - Bus leaves 8:30 AM

Participant's Name: _____

Parent/Guardian Name (if under 18) _____

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 the Town of Waterboro, 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 any and 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 arising out of participation in the Program, whether caused by the negligence of the Town, the operator of the Program or any third party, or arising out of any unsafe property or equipment, or otherwise.

The undersigned has read carefully and voluntarily signs the release and waiver of liability 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:

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

Paid by: _____ **Cash** _____ **Check**

Please make checks payable to: Waterboro Recreation