



Hingham Recreation Department Registration Form and Participant Waiver

210 Central Street, Hingham MA 02043 • 781-741-1464 • www.hinghamrec.com

REGISTRANTS NAME	ADDRESS		
TELEPHONE	CELL	WORK	
E-MAIL	DATE OF BIRTH	AGE	GENDER: Male Female
EMERGENCY CONTACT	PHONE	RELATION	
MEDICAL CONDITION(S) / ALLERGIES			
PARENT/GUARDIAN (IF APPLICABLE)	D.O.B	E-MAIL	

Consent Form and Release From Liability and Indemnity Agreement: All Hingham Recreation program offerings including but not limited to Fitness Classes, The Strider's Fitness Room and all pre-registration and drop-in programs

I/We the undersigned, being the participant or the parent(s)/guardian(s) of the participant (the "Registrant"), acknowledge that I/We are participating in a recreational program ("Program") sponsored by the Town of Hingham Recreation Department. I/We agree that the Registrant will abide by the rules of the Town of Hingham Recreation Department and the Town of Hingham and will follow the instructions of all Town of Hingham Recreation Department staff, including sponsors, employees, volunteers and other personnel.

I/We recognize the risk of personal injury, fatality or property damage related to the participation in any Program hereunder. I/We also acknowledge that the Registrant may not participate in any Program hereunder unless I/We waive all claims, which I/We may have arising from the Registrant's participation in any Program hereunder. I/We agree to forever RELEASE the Town of Hingham, a municipal corporation of the Commonwealth of Massachusetts, and all its employees, officers, agents, board members, volunteers and any and all individuals and organizations assisting or participating in any Program hereunder ("the Releasees") from any and all claims, actions, rights of action and causes of action, damages, costs, loss of services, expenses, compensation and attorney's fees that may have arisen in the past, or may arise in the future, directly or indirectly, from known and unknown personal injury or fatality to myself or said minor child or property damage resulting from myself or said minor child's participation in any Program hereunder which I/We may now or hereafter have as the Registrant or parent/guardian of said minor child and which said minor child has or hereafter may acquire, either before or after reaching majority.

I/We also promise to INDEMNIFY, REIMBURSE, DEFEND, and HOLD HARMLESS the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, including damages, costs and attorney's fees, arising from personal injury or fatality to myself or said minor child or property damage resulting from myself or said minor child's participation in any Program hereunder.

I/We further affirm that I/We have read this Agreement and that I/We understand the contents of this Agreement. I/We understand that the participation in any Program hereunder is voluntary and that I/We are free to choose not to participate in said Program. By signing this Agreement, I/We affirm that I/We have decided to participate in such Program hereunder with full knowledge that the Releasees will not be liable to anyone for personal injury, fatality or property damage that myself or said minor child may suffer as a result of any activities associated with the participation in any Program hereunder.

Permission is granted for use of photographs taken in promotional material, which may include but is not limited to flyers, notices, web sites and bulletin boards.

THE UNDERSIGNED REGISTRANT AND/OR PARENT/GUARDIAN HAS READ AND VOLUNTARILY SIGNS THIS AGREEMENT AND FURTHER AGREES THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENTS APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE.

REGISTRANT'S NAME (SIGNATURE)	PRINT NAME	DATE
MINOR CHILD'S NAME	AGE	

FOR PARENTS/GUARDIANS OF REGISTRANT'S OF MINORITY AGE
(UNDER AGE 18 -AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for said Minor Child, do hereby voluntarily sign this Agreement and consent and agree to his/her release as provided above to all Releasees, and, for myself, my heirs, assigns, and next of kin, I Release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to said Minor Child's involvement or participation in the above described activities, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

PARENT/GUARDIAN SIGNATURE	EMERGENCY PHONE NUMBER	DATE SIGNED
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FOR OFFICE USE ONLY

PROGRAM	DATE REC'D	TOTAL PAYMENT \$
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