



FISHKILL RECREATION

793 Route 52, Fishkill, NY 12524 ~ tel. 845.831.3371 ~ fax 845.831.3169 ~ www.fishkillrecreation.com



Open Gym

2016 Player Waiver

Participant's First Name	Participant's Last Name	D.O.B / /
Email Address	Cell Phone:	
School Attending (if applicable)	Grade (if applicable)	

IF UNDER 18: *If participant is under the age of 18, this section is to be completed by their parent/guardian.*

Mother/Guardian Name	Cell Phone	Email
Father/Guardian Name	Cell Phone	Email
Emergency Contact Name (other than parent)	Phone	

MANDATORY WAIVER	As the Parent/Legal Guardian of the above individual, I recognize and acknowledge that there are certain risks of physical injury. I agree to assume the full risks of any injuries, damages, or loss that may be sustained as a result of such participation. I further understand the Town of Fishkill does not provide accidental medical coverage, and it is my responsibility to provide appropriate coverage. I agree to waive and relinquish all claims and hold harmless the Town of Fishkill, the Recreation Department, and any officers, agents, employees, and representatives of the Town of Fishkill from any and all claims. In addition, I hereby grant permission for my child to be transported and treated in the event of medical emergency if I cannot be reached. X
	Parent/Guardian Signature _____ Date _____
OPTIONAL WAIVER	I acknowledge and consent that any photographs and/or video containing the aforementioned participant may be used for promotional use by the Town of Fishkill Recreation Department. X _____
	Parent/Guardian Signature _____ Date _____

IF 18 & OVER: *If participant 18 or older, this section is to be completed by the participant.*

Emergency Contact Name (other than parent)	Phone
MANDATORY WAIVER	As a participant at the Fishkill Recreation Center, I recognize and acknowledge that there are certain risks of physical injury. I agree to assume the full risks of any injuries, damages, or loss that may be sustained because of such participation. I further understand the Town of Fishkill does not provide accidental medical coverage, and it is my responsibility to provide appropriate coverage. I agree to waive and relinquish all claims and hold harmless the Town of Fishkill, the Recreation Department, and any officers, agents, employees, and representatives of the Town of Fishkill from any and all claims. X
	Signature _____ Date _____
OPTIONAL WAIVER	I acknowledge and consent that any photographs and/or video containing the aforementioned participant may be used for promotional use by the Town of Fishkill Recreation Department. X
	Signature _____ Date _____