



FISHKILL RECREATION

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

PLAYER WAIVER FORM



TO BE COMPLETED BY ALL ROSTER PLAYERS

Participant's Last Name	Participant's First Name	D.O.B / /	Age (as of July 1)
Team Name:		Team Captain's Name:	
Participant's Mailing Address			
City, State		Zip Code	
T-Shirt Size: <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XXL <input type="checkbox"/> Other:			
Emergency Contact Name		Phone	

RECREATION WAIVERS: Please sign appropriately below:

I hereby grant permission to be transported and treated in the event of medical emergency if I cannot be reached.

X _____
Signature Date

As a participant of the appropriate program above, 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, representatives, and volunteers of the Town of Fishkill from any and all claims.

X _____
Signature Date

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