



## REGISTRATION FORM

You must pre-register for **ALL** programs

ONLINE REGISTRATION IS PREFERRED- [WWW.COLCHESTERCT.GOV/REC](http://WWW.COLCHESTERCT.GOV/REC)

**NO registration will be completed without payment!**

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Grade \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address (to receive receipt of registration): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any allergies, medications, or previous conditions which we/instructor should be aware of (i.e. ADD, ADHD, Hearing impaired, visually impaired, Special Ed, Allergies i.e., Nuts, Dairy, Bee Stings, Latex, EPI PEN use, etc.

Does participant need an accommodation due to a disability to enjoy this activity? Yes \_\_\_\_\_ No \_\_\_\_\_ i.e., wheelchair access. If yes, you will be contacted for more information.

Would you like the email address listed to receive Parks & Recreation newsletter? Yes \_\_\_\_\_ No \_\_\_\_\_

Register online at [www.colchesterct.gov/rec](http://www.colchesterct.gov/rec)

**PAYMENT (DO NOT MAIL CASH): Online- credit card; Mail- check; In Person- cash, check or credit card**

Check # \_\_\_\_\_ Make checks payable to: **Town of Colchester**

Participant Name	Date of Birth	Grade	Program	Cost
				\$
				\$
Non-Resident Fee \$5 per class				\$
Scholarship Fund Donation				\$
Total Due				\$

# TOWN OF COLCHESTER

## NOTICE OF RISK, WAIVER, AND INFORMED CONSENT

For and in consideration of the TOWN OF COLCHESTER, CONNECTICUT (the “Town”) allowing the undersigned (“Participant”) to participate in [REDACTED] (collectively, the “Activities”), the undersigned, for myself, spouse, child(ren), heirs and next of kin, hereby acknowledge and attest that I have reviewed this Notice of Risk, Waiver, and Informed Consent (the “Notice”), and agree to its terms as follows:

### INFORMATION ABOUT THE ACTIVITIES

The Activities will consist of participation in [REDACTED] that is being run by Colchester Parks and Recreation. The Activities include [REDACTED]. There are numerous risks and dangers associated with the Activities and the Facility, included those described under “Assumption of Risk” below.

### ACKNOWLEDGMENTS, WAIVER, AND INFORMED CONSENT

By signing below, the undersigned attests to have read this Notice, including the Information About the Facility and the Activities, and acknowledges that the undersigned understands the risks associated with the Facility and the Activities as a result of use of the Facility and participating in the Activities. By signing below, the undersigned further warrants and agrees to the following:

1. I have been given ample opportunity to review this Notice and understand the contents herein. I acknowledge that use of the Facility and participation in the Activities is voluntary and optional. I further acknowledge that Colchester Parks and Recreation is sponsoring/running the Activity.
2. I agree to abide by all Town policies, procedures and protocols regarding use of the Facility, including, but not limited to, policies that prohibit use of the Facility by any individual who has contagious illnesses, including COVID-19, or symptoms thereof; and any specific rules governing the use of the Facility and participation in the Activities, including any rules posted at the Facility, which may change from time to time.
3. I hereby attest that (i) I am in good health and in proper physical condition to participate in the Activities; and (ii) I have not been advised of any medical conditions that would impair my ability to safely participate in the Activities. I agree that it is my sole responsibility to determine whether I am sufficiently fit and healthy enough to participate in the Activities.
4. If the Participant is a minor child, I hereby attest that (i) I am the parent or legal guardian of such minor child and in signing below, (ii) I consent to my child’s use of the Facility and participation in the Activities in accordance with the terms stated herein, and (iii) I attest that my child is in good health and in proper physical condition to participate in the Activities, that I have not been advised of any medical conditions that would impair my child to safely participate in the Activities, and that it is my sole responsibility to determine whether my child is fit and healthy enough to participate in the Activities.
5. **Assumption of Risk.** I fully understand that use of the Facility and participation in the Activities involves risks and dangers, which include, without limitation, the potential for serious bodily injury, sickness and disease, permanent disability, paralysis and death; loss of or damage to personal

property or equipment; accidents involving other participants in the Activities or those visiting the Facility; contact or collusion with natural or manmade objects; Facility issues, situations beyond the control of the Released Parties (as defined below), and other undefined, not readily foreseeable and presently unknown risk and dangers, including those related to COVID-19 and/or other contagious illnesses. I acknowledge that the Town does not provide a staffing, supervision, instruction, or assistance for the use of the Facility or participation in the Activities. Despite these dangers, I am voluntarily choosing to use the Facility and participate in the Activities. In consideration for being allowed to use the Facility and participate in the Activities, I fully ASSUME ALL RISKS, inherent and otherwise, whether or not described above, in connection with the use of the Facility and participation in the Activities.

6. **Waiver and Release.** In addition to the above assumption of risk, I expressly release and forever discharge and hold harmless the Town, any of the members of any of its boards, officials, employees, agents, contractors and/or assigns from all liability or claims that I or my heir may have against the Town, members of its boards, officials, employees, agents, contractors and/or assigns (each, a “Released Party” and collectively, the “Released Parties”) with respect to any bodily injury, personal injury, illness, death, property loss or other harm or issue that may result from the use of the Facility and/or the Activities. These agreements of assumption of risks and waiver do NOT apply against a Released Party if (1) the liability, damage, loss or injury is CAUSED SOLELY BY THE NEGLIGENCE of such Released Party and do not include the negligence or any other act or omission by any other person or entity (such as other attendees or other third parties or independent vendors/contractors); or (2) the liability, damage, loss or injury is CAUSED BY THE RECKLESS, WANTON or INTENTIONAL MISCONDUCT of a Released Party. These agreements of assumption of risks and waiver will be construed in accordance with Connecticut law.
7. **Indemnification and Hold Harmless.** I agree to defend and hold harmless the Released Parties from any and all claims, lawsuits, or demands made by anyone arising from or relating to the my use of the Facility or participation in the Activities, except for NEGLIGENCE CAUSED SOLELY BY a Released Party or the RECKLESS, WANTON or INTENTIONAL MISCONDUCT of a Released Party.

**BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY ALL OF THE INFORMATION INCLUDED IN THIS NOTICE OF RISK, WAIVER, AND INFORMED CONSENT. I FURTHER UNDERSTAND THAT BY SIGNING THIS NOTICE THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS.**

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**Participant’s Printed Name**

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**Signature of Participant**

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**Signature of Parent/Guardian If Participant is Under 18**

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**Date**