

SOMERS DEPARTMENT OF PARKS & RECREATION

SOMERS SENIOR CITIZENS

Registration Form & Trip Release

Last Name			First Name	
Mailing Address	P.O. Box#	911 #	Town	Zip
Date of Birth			Home Phone #	

Emergency Contact Name	Phone #
Doctor's Name	Phone #

Medical Problems

List all medications that you take.

As a participant in the above program, 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 which I may sustain as a result of such participation. I further understand that the Town of Somers 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 Somers, the Department of Parks and Recreation and any officers, agents and employees of the Town of Somers from any and all claims.

Signature _____ Date _____