

PARKS & RECREATION ACTIVITY REGISTRATION FORM
WILTON PARKS & RECREATION – 180 SCHOOL ROAD – WILTON, CONNECTICUT 06897

Parent/Guardian: _____
Last Name First Name

Address: _____ Email Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Activity #	Participant's Last Name	First Name	Grade	M/F	D.O.B.	Fee
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1. _____
2. _____
3. _____
4. _____

Non-Residents please add \$10.00 per participant per program

Fee Total: _____

**MAKE CHECK PAYABLE TO:
Wilton Parks & Recreation**

Refunds are issued only in the following circumstances:

- 1. If a program is cancelled by the P & R Department**
- 2. On request for medical reasons, injury, or relocation**
- 3. If a program participant is replaced by a new participant**

I understand that there are inherent risks and dangers in any and all activities including the one(s) for which I have registered for myself and/or my child/ward. I also understand that there is a heightened risk and danger for myself and/or my child/ward and others by participating in the prescribed activity. Nevertheless, I agree to defend and hold harmless and to indemnify the Town of Wilton, the Wilton Parks and Recreation Department, its members, agents, officers, and employees and any person there within from any and all claims, actions, demands, damages, costs, and loss of services, expenses, including but not limited to attorney fees, and compensation on account of, or in any way growing out of, or arising from, my and/or my child/ward's participation in the designated activities, including but not limited to, negligence claims for bodily injury, sickness, disease or death or property damage of any kind, against any and all of the aforementioned parties, whether or not such, claim, demand, damage, cost, loss or expense is caused in part by a party indemnified hereunder. The execution of this Release is done with my full knowledge and appreciation of the act and its ramifications and is free from coercion of any kind by the Town of Wilton, the Wilton Parks and Recreation Department, their members, agents, officers, and employees. I represent that I have carefully read and understand this Release and that I have entered into this Release knowingly and voluntarily after having had an opportunity to consult with my legal advisors, which I am encouraged to do by the Town of Wilton. I further understand that I am waiving substantial rights by signing this release. I further understand that I and or my child/ward may be photographed for the purpose of promotion or advertising in future brochures, newspapers, newsletters, or in the Town of Wilton website. By signing this release, I am also giving permission to the Town of Wilton to use the photos of me and/or my child/ward for any of the aforesaid purposes.

Signature: _____

Date: _____

WILTON PARKS & RECREATION
180 SCHOOL ROAD
WILTON, CONNECTICUT 06897
www.wiltonparksandrec.org

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