

Easton Recreation 2018

Adult Pickleball

LOCATION: Unionville Courts

DAYS: Monday – Wednesday – Friday

DATES April 2nd – September 28th

TIME: 8:30 – 11:30 am

PRICE: \$25

NAME _____ **ADDRESS** _____

_____ **PHONE** _____ **EMAIL** _____

TOWN OF EASTON VOLUNTARY CONSENT AND RELEASE FORM
(Adults Age 18 or Over)

I, _____ do hereby consent to participation in the **Pickleball Program** offered by the Town of Easton. I agree and covenant to forever release, acquit, discharge and hold harmless the Town of Easton and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in the above-described voluntary athletic or recreation programs/activities of the Town of Easton from any and all claims of any nature whatsoever, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from any and all known or unknown personal injuries or property damage resulting from or in any way growing out of, directly or indirectly my voluntary participation in the Town of Easton's voluntary athletic or recreation programs/activities.

I hereby forever, release, indemnify, defend, and hold harmless the Town of Easton against any and all legal claims of any nature or kind whatsoever and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries or property damage resulting from my voluntary participation in the above-described activities of the Town of Easton voluntary athletic or recreation programs/activities.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my participation in the above referenced athletic or recreation programs/activities is voluntary and that I am free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to participate in the above-described activities of the Town of Easton athletic or recreation programs/activities with full knowledge that the Town of Easton will not be liable to anyone for personal injuries and property damage I may suffer as a result of my voluntary participation in the above-described athletic or recreation programs/activities.

I further authorize the Town of Easton to transport me to a hospital or to place me in the care of an ambulance attendant(s) for transportation to the hospital and give my consent for emergency medical care by a licensed Doctor of Medicine or Dentistry as may be warranted to preserve my wellbeing.

Signature: _____ Dated: _____ Medical Insurance Policy No: _____

Please fill out form, sign release, and enclose a check payable to the Town of Easton and mail to Easton Recreation 15 Barrows St. N. Easton, MA 02356 or to register and pay online please visit www.easton.ma.us under recreation.