

HIKING CLUB REGISTRATION FORM

DATE OF EVENT: _____ LOCATION: _____

PARTICIPANT NAME: _____

ADDRESS: _____
(STREET, CITY, ZIP)

EMAIL ADDRESS: _____

HOME PHONE: _____ CELL: _____

EMER. NAME _____ CONTACT NUMBER:: _____

WILBRAHAM PARKS & RECREATION DEPARTMENT WAIVER

I, the undersigned do hereby consent to my or my minor child/children(s) (if set forth above and pursuant to my status as parent or legal guardian) participation in the Wilbraham Hiking Club program and all activities pursuant thereto. On behalf of myself and/or my minor child/children as set forth above I hereby acknowledge the risk inherent in such hiking program and in consideration of participating in said activity agree not to sue and also agree to forever release the Town of Wilbraham its agents, employees and representatives and Hiking Leaders from any and all claims, rights of action and causes of action that may arise in the past, or may arise in the future, directly or indirectly, from personal injuries suffered by myself or my aforementioned minor child/children or property damage resulting from participation in the Town of Wilbraham Hiking Club program.

I also promise to indemnify, defend, and hold harmless the releasees against any and all legal claims 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 to me or my aforementioned minor child/children or property damage resulting from my or my minor child/children's participation in the Town of Wilbraham Hiking Club program.

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/my minor child/children(s) participation in the Wilbraham Hiking Club program is voluntary and that myself and my minor child/children are free to choose not to participate in said program. By signing this form, I affirm that I have decided to allow my minor child/children to participate in the Wilbraham Hiking Club program with full knowledge that the releasees will not be liable to anyone for personal injuries and property damage my minor child/children or I may suffer in the voluntary Wilbraham Hiking Club program and have either consulted with or waived my right to consult independent legal counsel with respect to this waiver/release.

By signing below, I acknowledge that I have carefully read and assent to the above releases.

SIGNATURE OF PARTICIPANT/PARENT/GUARDIAN

DATE

► **ALL PARTICIPANTS MUST COMPLETE AND SIGN REGISTRATION FORM BEFORE HIKING!** ◀