

Montville Parks & Recreation Department
310 Norwich- New London Tpke.
Uncasville, CT 06382
Phone (860) 848-6780
Fax (860) 848-8703

First Name _____ MI _____ Last Name _____

Date of Birth _____ Male _____ Female _____ Email Address _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Other _____

Program Name _____ Code # _____ Cost \$ _____

Time _____ Day (s) _____ *T-shirt Size (If Applicable) _____

Comments _____

Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement, In consideration of participating in the Montville Parks & Recreation Activities.

I, _____ represent _____
(Participant or Parent/Legal Guardian, Please Print) **(Participant Name, Please Print)**

and understand the nature of the Activity and that I he/she am/is qualified, in good health and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe I will immediately discontinue participation in the Activity.

I fully understand that certain Activity involves risk of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost and damages I incur as a result of my participation in the Activity.

I hereby release, discharge and covenant not to sue the Town of Montville and its respective administrators, directors, agents, officers, volunteers, employees, other participants, any sponsors, advertisers, and if applicable owners and lessors of premises on which the Activity takes place (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability and assumption of risk I, or anyone on my behalf makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage or cost, which may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

(Participant or Parent/Legal Guardian Signature) Date _____

INFORMED CONSENT

(this form may be used for staff and parents of children enrolled at a youth camp during the COVID-19 declared emergency)

I hereby attest that I have been informed of the following pertaining to the coronavirus:

- People who are 65 years and older and people of any age who have serious underlying medical conditions or are at higher risk for severe illness from COVID-19 are recommended to stay at home. A list of medical conditions associated with a higher risk for severe illness from COVID-19 can be found in [CDC's guidance](#).¹ Individuals and families should consult their healthcare provider to determine whether they have medical conditions that place them at risk.
- Staff and children living in households with individuals who are 65 years and older OR have higher risk for severe illness from COVID-19 are recommended to stay home.

Signature of Staff or Parent/Guardian

Printed Name

Child's Name (if a parent/guardian)

Date

¹ Includes chronic lung disease or moderate to severe asthma, serious heart conditions, immunocompromised (cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications), severe obesity (body mass index [BMI] of 40 or higher), diabetes, chronic kidney disease undergoing dialysis and liver disease. Individuals should consult their healthcare provide to determine whether they have medical conditions that place them at increased risk for severe illness from COVID-19.