



# Essex Park and Recreation

## Sponsored Activity Waiver Form

Child's Name: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Program Registering For: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Street: \_\_\_\_\_ Centerbrook/Essex/Ivoryton  
(please circle)

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: ( ) -

I hereby grant permission for \_\_\_\_\_ to participate in the Essex Park and Recreation sponsored activity. I agree to hold the Essex Park and Recreation Commission, and any person connected therewith, including the Town of Essex, harmless from any and all claims of bodily injury and property damage arising from the use of the facilities during the course of this Essex Park and Recreation sponsored activity.

I also give permission for my child to be photographed and for the pictures to be used in newspapers, marketing, and advertising materials in support of Park and Recreation.

I/We grant permission for my child to receive emergency medical treatment, as necessary, while attending any function of any team of the Essex Park and Recreation sponsored activity.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### Persons Authorized to Pick Up My Child while participating in this Essex Park and Recreation Sponsored Program.

**Name**  
**Address**  
**Phone Number**

**Name**  
**Address**  
**Phone Number**

**Payment Enclosed:** \_\_\_\_\_ **Check Number:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_