

Percy Walker Pool
Release Form

GROUP NAME: _____

NAME: _____ MALE: _____ FEMALE: _____

ADDRESS: _____

PHONE: _____ EMERGENCY PHONE: _____

DATE OF BIRTH: _____ AGE: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

NAME: _____ RELATIONSHIP: _____

PHONE NUMBER: _____

ALLERGIES OR PHYSICAL DIFFICULTIES: _____

I/We the undersigned do authorize and permit said child/adult to participate in all athletic, recreational and aquatic activities without limitation conducted by the Town of Duxbury under its Recreation Director and the Percy Walker Pool. I/We assume all risk and hazards incidental to such participation including transportation to and from the activities; and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the organizers, sponsors, supervisors and participants from all claims for damages to persons which may result from any such activity by such child and/or adult.

PARTICIPANT'S SIGNATURE: _____ DATE: _____