Damion Clements, CPRP Director delements@truro-ma.gov

Erica Nunes Assistant Director enunes@truro-ma.gov



7 Standish Way North Truro, MA 02652 Phone: (508)487-1632 Fax: (508)487-0854

> Mailings P.O. Box 2030 Truro, MA 02666

LIABILITY WAIVER

Participants Name(s):	1.	Activity:			
	2.				
	3.				
	4.				
	CHILDREN/MINORS				
By registering for my child to	participate in a Truro Recrea	ation Program, I agr	ee to the fol	lowing:	
I give permission for my child include games and practices.	to receive medical treatmer	nt in the event of inj	jury while at	tending the regist	ered program to
I have noted if my child's imagindication means that my chil					
Can your child's image be use	d for promotional material?				
Yes			No		
As the parent / guardian of the participation in the listed reconstruction and the Truro Recreation to this program or event, I ago officers, employees (including may arise by reason of person I also agree to indemnify and volunteer staff) and agents froclaims for personal injury or personal to include, but not line	reation program(s) conducted on Department for the durated on behalf of the child and good on the child and good on the child and agents and injury or property damage hold harmless the Town and on and against all liability, look or operty damage arising from	ed, supervised, sponion of the Program. d myself to release from and against a ge arising from the cd Department and those, damage, and con the child's particip	sored, or other of the Town and To	herwise controlled ration of the Town and Department, an ss, damage, costs, pation in the refer ive officers and en Town of Truro ma referenced activit	d by the Town of admitting the child ad their respective and claims which renced activities, and apployees (including by incur by reason of ty. "Participation" is
	(Parent/0	Guardian Name Pı	rinted)		
	Parent/Guardian S	ignature			DATE