

The Village of Monticello
Park & Recreation Department
2 Pleasant Street
Monticello, NY 12701
Park & Recreation # 845-794-2351
Village Hall # 845-794-6130

ENROLLMENT PROGRAM AND LIABILITY RELEASE FORM.

PLEASE READ CAREFULLY BEFORE SIGNING

Serious injury may result from your participation in this activity
The Village of Monticello does not guarantee your safety.

Participant's Name: _____

Address: _____

Telephone Number: (_____) _____

Participant's Date of Birth: _____

Parent and/or Legal Guardian's name: _____

I, the undersigned; the parent or legal guardian of participant, and participant make application for his/her enrollment in The Village of Monticello Recreation Program. I represent and agree that the participant is in good health and good physical condition and fully able to use the equipment, facilities and services provided and to take the exercise proposed. The undersigned, being duly aware of the risks and hazards inherent in participating in this recreation program, voluntarily assumes all risks of loss, damage, or injury, including death, that may be sustained by the participant while participating in this program. I further represent and agree that participant will use the equipment, facilities, and services and take advise at participant's own risk; that The Village of Monticello shall not be liable to the participant, the undersigned, or anyone claiming through or for participant for any claim for negligence nor for any injury sustained or received by participant as the result of the use of the equipment, facilities and services, or the exercise prescribed and that The Village of Monticello shall be liable to participant, the undersigned or anyone claiming through, or for his/her participant, only for gross negligence.

I, undersigned by voluntarily participating in sports activity, by participation I consent to those injury-causing events and conditions which are known, apparent and reasonably foreseeable consequences of my participation and I assume the risks of such injuries associated with this sport activity.

Does the participant have physical or mental health problems which may affect his/her safety and ability to participate in this activity? Yes No

In consideration of The Village of Monticello allowing my participating in this activity, under Terms set forth herein, I, the participant, and/or the parent or guardian thereof if a minor, do agree to hold Harmless and release the Village, its owners, agents, employees, officers, members, premises, owners, and affiliated organizations from legal liability to the Village's ordinary negligence; and I do further agree that except in the event of the Village's gross and willful negligence. I shall bring no claims, demands, actions and causes of action, and/or litigation, against The Village of Monticello and its associates as stated above in this clause, for any economic and non-economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child or legal ward in relations to the premises and operations of the Village as set forth herein.

Participants (14 years of age and older) and Parents or legal Guardians must sign below after reading this entire document:

THE VILLAGE OF MONTICELLO DOES NOT PROVIDE MEDICAL PAYMENTS TO ANY PARTICIPANT WHO SUSTAINS ANY INJURY PARTICIPATING IN THIS PROGRAM.
SIGNER STATEMENT OF AWARENESS

Undersigned, I have read and do understand the foregoing agreement, warnings, release and assumption or risk. I/We further attest that all facts relating to the applicant's physical condition, experience & age are true and accurate.

Date: _____

Signature of Participant (14 years of age or older)
for

Signature of Parent and/or Guardian

Date:

Name of Participant (Please print)

Address of Parent and/or Guardian (If different from Participant)

Telephone Number. (Day) Telephone Number (Evenings)

Program: _____

Session: _____

Day: _____

Time: _____

FOR OFFICE USE ONLY:

DATE PAID: _____

AMOUNT PAID:\$ _____

CASH CHECK# _____

CLERK: _____