

# Watertown Parks & Recreation Department

61 Echo Lake Road, Watertown, CT 06795-2629  
(860)945-5246 InfoLine (860)945-5272 www.watertownct.org  
*Your Quality of Life Department!*

## TRIP SIGN-UP SHEET

Family Name(s): \_\_\_\_\_

(Please Print)

Street: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (days) \_\_\_\_\_ (nights) \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail Address for mailing list: \_\_\_\_\_

### TRIP Registration:

PROGRAM CODE	NAME OF TRIP	FEE

### NAMES OF FAMILY MEMBERS INCLUDED IN TRIP

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

### ACKNOWLEDGEMENT AND WAIVER

You are required to read the following information very carefully and make sure that you understand it fully and sign it before participating in this program.

I am fully aware that the activity and program I am choosing to participate in may result in risk of injury or harm. On my own behalf, and on behalf of my own personal representatives and heirs, successors and assigns, I hereby release, indemnify and save harmless the Town of Watertown, its officers, employees, designees, consultants, agents and directors (hereinafter representatives) from all claims and liability of whatever nature arising from any act, omission or negligence or otherwise of the Town of Watertown or its representatives, including any injury to any person or any property of any person. This indemnification and hold harmless agreement shall include indemnity against all costs (including without limitation, reasonable attorney's fees and court costs), expenses and liabilities incurred in, or in connection with, any such claim or proceeding brought thereon and in defense thereof.

I have read and understand this release, indemnification and hold harmless form. I voluntarily sign it and hereby give permission for the Town of Watertown staff to administer basic first aid and or seek appropriate medical assistance for the participant listed below.

APPLICANTS SIGNATURE: \_\_\_\_\_ DATED: \_\_\_\_\_

### For Office Use Only

Amt. Received: \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Credit/Debit: \_\_\_\_\_  
Emp. Initials: \_\_\_\_\_ Date Received By Office: \_\_\_\_\_