



**CITY OF SALEM, MASSACHUSETTS**  
PARKS, RECREATION & COMMUNITY SERVICES  
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**KIMBERLEY DRISCOLL**  
MAYOR

**PATRICIA O'BRIEN**  
SUPERINTENDENT

**Park, Recreation and Community Services**  
**Youth Registration Form**  
**Forest River Adventures 2018**

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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

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

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

Disability, allergy or medical information: \_\_\_\_\_  
\_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Subscriber # \_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_ Phone: \_\_\_\_\_

**Approved Pickups from Program (other than parent)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Dismissal Notes: \_\_\_\_\_  
\_\_\_\_\_

**Release:** In consideration of being permitted to participate in any way in the City of Salem Park, Recreation and Community Services Programs, I, for myself, my personal representatives, assigns, heirs, and next of kin and if applicable for my child:

1. I ACKNOWLEDGE, agree and represent that I understand the nature of the Program and that my child is qualified, in good health, and in proper physical condition to participate in such Program. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Program.

2. I FULLY UNDERSTAND that: (a) ATHLETIC ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my child or my own actions or inactions, the actions or inactions of others participating in the Program, the condition in which the Program takes place, or THE NEGLIGENCE OF THE 'RELEASES' NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time, and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Program.

3. I HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the City of Salem, its employees, officials and agents, and if applicable owners and lessors of premises on which the Program takes place, and any other party indemnified and held harmless by the City (each considered one of the 'RELEASES' herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS, NEGLIGENT SECURITY, TRAVEL, AND RECREATIONAL OPERATIONS AND ACTIVITIES; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Release's, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

**Medical:** Should the participant(s) named above require emergency medical attention, I hereby grant permission to the City of Salem to contact medical services and grant permission to the appropriately trained personnel to undertake administration of any medical procedures deemed necessary or advisable. I understand, however, that every reasonable effort, under the circumstances, will be made to contact the emergency contact person or legal guardian in the event of an emergency. The City of Salem does not provide accident of hospitalization insurance for participants of its programs. All participants are advised to have adequate personal coverage. Please consider participant's own health, experience and tolerance for risk before participating in any program.

**Photo Release:** I hereby consent to allow photos of myself or my child to be used by the City of Salem. Yes:  No:

**Field Trips:** I give my child permission to attend any field trips that they may attend during the program. This would include walking trips, and trips that my child is transported through the City of Salem Council on Aging vans or through contracted school buses.

Signature (guardian if under 18): \_\_\_\_\_

Date: \_\_\_\_\_