



# Salisbury Parks & Recreation Emergency Information Sheet

Phone: 978-463-8232 x128

JRoketenetz@salisburyma.gov

Participant  M  F Date of Birth / /

Street Address Home Phone

Town State Zip Code

Best Email Cell Phone

\*Parent/Guardian Name Cell

\*Parent/Guardian Name PhoneCell

### Medical & Behavioral Information

Please state any medical conditions, behavioral conditions, medications, or allergies of which the staff should be aware. Attach additional sheets as needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone

### Emergency Information

Doctor's Name & Phone

Insurance Provider & Policy Number

### Emergency Contact

Please list an additional contact in the event that a parent/guardian cannot be reached.

Name, Relationship, Phone Number

### PARENTAL/GUARDIAN CONSENT & RELEASE FORM (Minor)

I, \_\_\_\_\_, the undersigned \_\_\_\_\_ (legal relationship) of my child, a minor, do hereby consent to my child's participation in voluntary programs of the Town of Salisbury's Recreation Division. On behalf of myself and my child, and our respective heirs, executors and administrators I also agree to forever release the Town of Salisbury, and all of its successors, employees, agents, officials, board members, volunteers and also any and all individuals and organizations assisting or participating in programs of the Recreation Division (the Releasees) from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the Town of Salisbury's voluntary programs in the Recreation Division, or from the negligence, of the Releasees. On behalf of myself and my child, I also promise to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description including reasonable attorneys' fees, that may have been asserted in the past, or may be asserted in the future, arising directly or indirectly from my child's participation in the Town of Salisbury's voluntary programs in its Recreation, or from the negligence, of the Releasees. I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in these programs with full knowledge that the Releasees will not be liable to anyone for personal injuries or property damage which my child or I may suffer in these programs. If I cannot be reached in a medical emergency, I consent to my child's treatment by a medical doctor and agree to pay all costs associated with said treatment, including transportation to a medical facility.

### CONSENT & RELEASE FORM INDIVIDUAL (Adult - Age 18 and Over)

I, \_\_\_\_\_, do hereby forever release, acquit, discharge and covenant to hold harmless the Town of Salisbury and its successors, employees, agents, officials, board members, volunteers and also any and all individuals and organizations assisting or participating in program of the Releasees from any and all actions, causes of action, and claims, demands, damages, costs, on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which I may have now or hereafter have from my participation in the Town of Salisbury Recreation programs, or from the negligence, of the Releasees. I also promise to indemnify, defend and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, including reasonable attorneys' fees arising from my participation in the voluntary activities or recreation programs referenced above or from the negligence, of the Releasees. I understand that these programs involve physical activity and hereby state that I am in proper physical condition for participation in such programs. I further affirm that I have read the Consent and Release Form and that I understood the contents of this Form. I understand that my participation is voluntary and that I am free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to participate in the program described herein and full knowledge that the Releasees will not be liable to anyone for personal injuries or property damage that I or any other party may suffer in these programs.

### PHOTO, VIDEO & MARKETING RELEASE

As a participant, or parent/guardian of a participant, in a Salisbury Recreation program, event, or trip and when using one of its public parks or facilities, you/your child(ren) may be photographed or videotaped by Salisbury Recreation (Rec) or its assigns and transferees. By registering in a program, you are granting permission to Salisbury Recreation to copyright, use and publish the same in print and/or electronically with or without you/your child(rens) name and for any lawful purpose, including for example, publicity, illustration, advertising, program guide, brochures, newsletter, email, digital media boards, website, social media, news releases or other promotional materials. Also, by providing your email address during registration, you give permission to Salisbury Recreation to send emails to that address regarding events and programs. If you decide not to receive email, you can unsubscribe at any time using the link in the email.

I, the undersigned, understand that by participating in any Salisbury Recreation program, event, or trip and when using one of its public parks or facilities, I am agreeing to all Salisbury Recreation policies for myself and my minor children. Full policy information is available in the Salisbury Recreation office.

Print Name: \_\_\_\_\_

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