



Town of Durham Parks & Recreation Department Program Registration Form



Participant Information

Participant Name: _____

DOB: ____/____/____ M or F Grade (if child): _____

Program Registering For: _____ Program Start Date: _____

Phone #: () _____ - _____ Alt. Phone #: () _____ - _____

Mailing Address: _____

City/Zip: _____

Email: _____

STAFF USE ONLY

Payment: _____

Received by: _____

Emergency Contact Information

Emergency Contact Name & Phone #: _____

Emergency Contact Name & Phone #: _____

List any special requirements or medical information, including allergies & current medications that our DPR instructors or staff should be aware of: _____

IF THE PARTICIPANT IS UNDER 18, PLEASE COMPLETE THE FOLLOWING:

Parent/Guardian Name & Phone #: _____

Parent/Guardian Name & Phone #: _____

Other people my child may be released to: _____

Please make checks payable to: Durham Parks & Recreation

(Over to sign)



Durham Parks & Recreation
2 Dover Rd. Durham NH 03824
Phone: (603) 817-4074 Email: recreation@ci.durham.nh.us
Website & Online Program Registration: durhamrecrecdesk.com



Town of Durham Parks & Recreation Department Program Registration Form



Release of Liability

I hereby agree to release, discharge and hold harmless, Durham Parks Recreation Department, its employees & volunteers from any liabilities that may occur while participating in the recreational activity listed above. The person named above has permission to take part in all prescribed activities. I understand that participation in any recreational program or activity involves risk. This health history provided is correct to the best of my knowledge, and I will keep the Durham Parks & Recreation Department notified of any changes to the above information. I further understand that Durham Parks & Recreation Department does not provide accident or medical insurance for its program participants. In case of accident, I give my permission for the recreation staff to administer first aid. I give permission for staff or volunteers of Durham Parks & Recreation Department to contact emergency services for assistance and/or transportation to the nearest medical facility, should an injury occur which in their opinion requires medical attention. In the event that none of the before named relations can be reached, I hereby give permission to the attending emergency personnel to administer whatever care he/she deems necessary for the safety of myself or my child. I understand that it is my responsibility to disclose any medical conditions or medical information to Durham Parks & Recreation Department.

Photo Consent

Unless otherwise stated in writing, I hereby grant the Town of Durham Parks & Recreation Department permission to use photographs and video footage taken during a department program or event, in any and all of its publications, including web-based publications, without payment or other consideration. I understand and agree that all photos will become the property of the Town of Durham Parks & Recreation Department and will not be returned. I hereby irrevocably authorize the Town of Durham Parks & Recreation Department to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my, or my child's likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

Coronavirus / COVID-19 Warning & Disclaimer

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is **extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, limited the number of participants that can congregate as a group.

Durham Parks & Recreation (DP&R) has put in place preventative measures to reduce the spread of COVID-19; however, DP&R cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the DP&R program and town facilities could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this, I have read this indemnity agreement and understand its terms.

Signature: Participant or Parent/Guardian (if under 18)

Date

Durham Parks & Recreation
2 Dover Rd. Durham NH 03824
Phone: (603) 817-4074 Email: recreation@ci.durham.nh.us
Website & Online Program Registration: durhamrecrecdesk.com