

Please Fill Out and Return

TRIP PARTICIPATION FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

PHYSICIAN'S NAME: _____ PHYSICIAN'S PHONE: _____

MEDICATIONS TAKING: _____

EMERGENCY CONTACT PERSON: _____

THEIR HOME PHONE: _____ THEIR CELL PHONE: _____

REFUND POLICY: If Worcester County cancels the trip, all monies paid will gladly be refunded. Other cancellation will be non-refundable unless the ticket is resold. If pictures are taken during the trip, I authorize the use of these photos for publicity purposes.

Waiver and Release

In consideration of being permitted to participate in the following activity, sponsored by the Worcester County Recreation & Parks Department, it's officers, directors, employees and agents including the County Commissioners and/or agents, employees, officers and officials, (herein, collectively called the Recreation Department), I, _____, do understand and agree that: (Name)

1. I have been advised of medical risks that may result from such participation and I represent to the Department of Recreation & Parks that I have consulted my personal physician or other health authority and am physically capable of such participation without harm.

2. I recognize the risks of illness and injury inherent in this activity and I am participating in the Department of Recreation & Parks' program upon the express agreement and understanding that I do hereby waive and release the Department of Recreation & Parks, it's officers, directors, employees, and agents from any and all claims, costs, liabilities, expenses, or judgments, including attorney's fees and court cost (herein, collectively "Claims") arising out of my participation in the (Trip name) _____ activity or any illness, injury, or death resulting there from, and do hereby agree to indemnify and hold harmless the Department of Recreation & Parks from and against all such claims proximately caused other than by those of gross negligence or willful misconduct of the Department of Recreation & Parks.

3. I hereby execute and deliver this waiver and release voluntarily and with full understanding of the contents and consequences thereof to induce the Department of Recreation & Parks to permit me to participate in this program.

4. Neither the Department of Recreation & Parks, or Worcester County, shall be liable for any unauthorized use of, damage to or disappearance of any automobile left unattended on County property or private property during the period of the trip and I hereby agree to indemnify and hold harmless Worcester County, Department of Recreation & Parks and any private property owner of property upon which I leave my automobile unattended from any loss or damage whatsoever arising from my leaving my automobile. I assume all related risks and acknowledge and understand that the Worcester County parking lots and any private properties suggested for parking are unattended.

(Signature of Participant)

(Date)

(If Minor, Signature of Parent or Guardian)

(Phone Number)