

## Recreation Registration Forms for Adults

Activity \_\_\_\_\_ Session \_\_\_\_\_

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Last Name	First Name	Gender	M	F
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Street Address	City or Town	Zip Code
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Phone Number	Cell Phone Number	E-Mail Address
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Payment Required:    Yes or No

**Program Fee: Check# \_\_\_\_\_ CASH IS NOT ACCEPTED**  
(payable to Somerville Recreation Department)

**In case of Emergency, please see below the name and phone number of Primary contact**

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Primary Contact Name	Home Phone	Pager/Cell
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Authorization to Participate in the City of Somerville Recreation  
Commission Programs, Medical Consent, and Disclosure of Medical Information:

*I \_\_\_\_\_ am willing to participate in the City of Somerville Recreation Commission (SRC) and SRC sponsored events. I understand that this event is non-essential, voluntary and not mandatory. By signing in the space provided below, I understand that there are inherent risks in the activities of the SRC and I agree to release and hold harmless the city of Somerville from liability and loss occurring in connection with my participation in SRC and SRC sponsored events. I hereby agree to waive future claims against the City of Somerville, SRC and its employees, agents and assigns. In the event I become seriously ill or injured, I consent to the administration of emergency procedures/treatment upon advice and general or specific supervision of an attending hospital physician.*

*I understand the contents of this authorization, medical consent and liability release and am aware that if I make any alteration to this form, it shall be rendered void and incomplete and I shall not be allowed to participate in this program. I will not hold the city of Somerville, SRC and its employees, agents, and assigns responsible in case of accident or injury as a result of such participation.*

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Signature of Participant

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Date

