

Boonton Parks and Recreation RELEASE AND MEDICAL TREATMENT AUTHORIZATION

In consideration of and through my involvement in this Boonton Parks and Recreation Department program I (or on behalf of my minor child) acknowledge and agree I RISK BODILY INJURY, INCLUDING PARALYSIS, DISMEMBERMENT, and DEATH, as well as LOSS or DAMAGE TO PROPERTY; I KNOWINGLY AND FREELY ASSUME ALL SUCH RISK; and I (or on behalf of my minor child), FOR MYSELF, AND ON BEHALF OF MY HEIRS, ASSIGNS, and NEXT OF KINS, HEREBY RELEASE, HOLD HARMLESS and PROMISE NOT TO SUE THE TOWN OF BOONTON, THE BOONTON PARKS AND RECREATION DEPARTMENT, OFFICIALS, AGENTS, AND/OR EMPLOYEES, VOLUNTEERS, WITH RESPECT TO ANY AND ALL SUCH INJURY, PARALYSIS, DISMEMBERMENT, DEATH and/or LOSS or DAMAGE (EXCEPT THAT WHICH IS RESULTANT OF GROSS NEGLIGENCE and/or WILLFUL OR WANTON MISCONDUCT).

I certify that I (or on behalf of my minor child), to the best of my knowledge, am in good physical condition and have no disease or injury that would impair my performance or result in my being injured during any program participation.

In addition, I (or on behalf of my minor child) do hereby consent to emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of the above named athlete/coach/child, by a Certified Athletic Trainer, Physician and/or hospital in the event of an injury or illness during the periods of time in which they are participating in a Boonton Parks and Recreation Department program. It is understood that all costs are my responsibility.

PARTICIPANT'S SIGNATURE: _____ Date: _____

PARTICIPANT'S NAME (Print): _____

PARENT / GUARDIAN SIGNATURE: _____
(Required if participant in Under-18)