

TOWN OF HARRISON CONSENT AND RELEASE FORM

First Name:	Last Name:	Middle Init:
Address:	City:	State: Zip:
	Harrison	NJ 07029
Date of Birth: Age:	School:	Grade: Gender: Home Phone:

PARENT/LEGAL GUARDIAN INFORMATION

Mother/Guardian	First Name:	Last Name	Middle Init:
Father/Guardian			

Please mark the box that corresponds to the sport your child will participate in

- | | | | |
|-----------------------------------|---|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> FOOTBALL | <input type="checkbox"/> SOCCER | <input type="checkbox"/> CHEERLEADING | <input type="checkbox"/> BASKETBALL |
| <input type="checkbox"/> BASEBALL | <input type="checkbox"/> RECREATION CENTER FACILITIES | <input type="checkbox"/> OTHER | |

Emergency Contact:	Emergency Relationship:
Emergency Phone(s):	
Insurance Carrier:	Policy Number:

Please read and sign below.

PARENTAL/LEGAL GUARDIAN CONSENT AND RELEASE

I/We, the parent(s)/legal guardian(s) of the above-named child, hereby authorize him/her to participate in the above activities, and transportation to and from same, sponsored by the Town of Harrison Recreation Department (hereinafter the “activities”). I/We recognize that there are inherent risks involved in my/our child’s participation in the activities, including the risk of severe physical injury and/or death. My/Our child does not have any medical or other conditions which would prevent him/her from participating in the activities. However, any MEDICAL CONDITIONS (including allergies, conditions requiring medication, etc.), and a list of medication that my/our child must take and any special instructions regarding medication storage and administration, if any, are set forth below.

In the event of an emergency, if my/our child should require medical attention, I/We hereby authorize the Town of Harrison and its employees, agents, volunteers, coaches, etc., to seek any necessary medical treatment and to execute any and all documents on my/our behalf required for same.

I/We agree to release, indemnify and hold harmless the Town of Harrison and its employees, agents, volunteers, coaches, etc., from and against any and all liability including, but not limited to, attorneys’ fees and costs, that may result in any way on account of the activities and my/our child’s participation therein.

I/We have reviewed and understand all of the information herein provided. I/We consent to my/our child participating in the activities and agree that these activities are acceptable.

PARTICIPANT CONSENT AND RELEASE (over 18 years of age)

I agree to release, indemnify and hold harmless the Town of Harrison and its employees, agents, volunteers, coaches, etc., from and against any and all liability including, but not limited to, attorneys' fees and costs, that may result in any way on account of my activities.

Signature of Parent/Guardian or Participant: _____ **Date:** _____

PLEASE LIST ANY MEDICAL CONDITION AND/OR MEDICATIONS NEEDED: