

Town of Chester
Municipal Office Building
84 Chester Street
Chester, New Hampshire 03036



RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

PARTICIPANT NAME _____
ADDRESS _____
PHONE _____ E-MAIL _____

MEDICAL RELEASE

I hereby give my consent for emergency care prescribed by a duly licensed EMT, doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent. Describe your present state of health: _____
Physical conditions of which instructor should be aware: _____

In consideration of the permission granted to the participant named above to participate in the following program:

OPEN GYM

I/we SHALL RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the Town of Chester, Recreation Department, their agents and employees from all liability for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the named participant except in the case of gross or willful wanton negligence of the Town of Chester, Recreation Department, its agents and employee or otherwise while the named participant participates in the above named program.

I/we further agree to indemnify the Town of Chester, Recreation Department, their agents and employees from any and all liability, loss or damage including but not limited to bodily injury, illness, death or property damage which the Town of Chester, Recreation Department, their agents and employees become legally obligated to pay including reasonable attorneys' fees and costs, as a result of claims, demands, costs or judgments, against the Town of Chester, Recreation Department, their agents and employees on account of injury to the person or property or resulting in the death of named participant except in the case of gross or willful wanton negligence of the Town of Chester, Recreation Department, their agents, employees and whether or not such liability is sole, joint or several.

I/we, the undersigned, have read this release and understand all its terms. I/we execute it voluntarily and with full knowledge of its significance. I/we have executed this release on this date indicated next to my/our names.

Name of Participant (Please Print)	Signature of Participant (18 years of older)	Date
Name of Parent/Legal Guardian (Please Print)	Signature of Parent/Legal Guardian (Individually and in the capacity as Parent/Legal Guardian if participant is under 18 years of age)	Date