



Adult Activity Registration Form

Participant's Name: _____ **Phone:** _____

Activity: _____

Participant's Birthdate: _____

Address: _____

P.O. Box

City

State

Zip Code

Physical

City

State

Zip Code

Cell Phone

Home Phone

Work Phone

Emergency Contact: _____ **Phone:** _____

RELEASE

In consideration of the acceptance of my enrollment in this program by the Town of Avon, I for myself, my executors, administrators, and assignees, do hereby waive any and all rights and claims I may have against the Town of Avon, it's personnel, instructors, or other individuals associated with the recreational program, for any and all injuries or disabilities suffered by me as a result of my participation in said recreational program.

I also authorize to any emergency medical treatment rendered to myself under the general or special supervision, on the advice of any physician. I give my permission to the Town of Avon to use photos or video segments of me for promotional or publication purposes.

Participant Signature: _____ **Date:** _____

No refunds will be granted after the second activity period.

Please bring your activity receipt to the front desk at the recreation center in order to request a refund

Refunds will be mailed