

# Town of Clinton

1215 Centre Road  
Rhinebeck, NY 12572

**Club:**

## Event Release-Minor

Date Submitted: \_\_\_\_\_

Participants Name \_\_\_\_\_

Parent Name \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_

Phone: Home \_\_\_\_\_ E mail \_\_\_\_\_ Cell \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Include Area Code

Known allergies or other pertinent medical information: \_\_\_\_\_

I, \_\_\_\_\_ Parent or Legal Guardian of \_\_\_\_\_  
(*participant*) hereby covenant and agree to indemnify, release and hold harmless the Town of Clinton

Town of Clinton, all of the elected and appointed officers, directors, employees, volunteers, and/or agents, from and against any and all liability, loss, damages, claims, or actions (including costs and attorney fees) for any harm, bodily injury including economic, physical, or mental, including death, or property damage incurred by me, to the fullest extent permissible by law, arising out of my participation in the \_\_\_\_\_. (*Name of Program or Event*)

I understand participation in the \_\_\_\_\_ (*Name of Program or Event*) involves rigorous physical activity and risks of physical injury, and I assume these risks. I hereby give consent for transportation and treatment of myself in the event of illness or injury. I hereby accept responsibility for the payment of any transportation or treatment costs. I further certify that I am in good physical condition, and that I have no medical or physical conditions that would restrict my participation in this event.

\_\_\_\_\_  
Name of Minor

\_\_\_\_\_  
Name of Parent or Legal Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone