

PAYMENT TYPES: CHECK (PAYABLE TO TOWN OF WESTWOOD), MASTERCARD, VISA, DISCOVER (CARD MUST BE PRESENT) OR CASH

Head of Household : _____ D.O.B. ____/____/____
 First Name Last Name

Address: _____ Town: _____ Zip: _____

Best Number: () E-MailAddress:

EmergencyContact: _____ Relationship: _____ Cell/Emergency Phone: (____) _____

RECREATION PROGRAMS

[illegible]

POOL MEMBERSHIP

TYPE			DURATION			
_____ SINGLE	_____ FAMILY	_____ WESTWOOD SENIOR	_____ 1 MONTH	_____ 3 MONTHS	_____ 6 MONTHS	_____ YEAR

PARTICIPANT ALLERGIES/RESTRICTIONS

Participant's Name	Please list any allergies, medications, physical restrictions or conditions you are willing to share that could affect participation in activities.

CONSENT AND RELEASE

I DO HEREBY CONSENT to my participation, or my minor child, participation in recreation activities and/or use of pool facilities of the Town of Westwood. I am aware of the inherent hazards and the risk of injury of the activity/sport. I certify that I am in good physical condition and am able to safely participate in this activity/sport. I ASSUME all risks and hazards incidental to such participation, including transportation to and from activities. I AGREE to indemnify, hold harmless, and forever release the Town of Westwood, and all their employees, agents, board members, volunteers and any or all individuals and organizations assisting, sponsoring, or participating in recreation activities of the Town of Westwood ("the Releasees") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to myself or minor children or property damage resulting from my participation in a Town of Westwood recreation activity. I AUTHORIZE the Westwood Recreation Department to reasonable use of any and all images and statements of/by/about the participant during any part of a Westwood Recreation Department activity for promotional purposes, including on the internet. IN CASE OF EMERGENCY, I hereby give my permission to the staff and medical personnel selected by the Recreation Department, to act as my agent to provide care when necessary, or in the event of a more serious accident, to be transported to an emergency medical facility to receive emergency medical treatment. I AFFIRM that I have read this Consent and Release and that I understand the contents. I understand that my participation is voluntary and that I am free to choose not to participate in said activities. By signing this form, I affirm that I have decided to participate in the Town of Westwood's recreation activities with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage that I may suffer during participation.

SIGNATURE **DATE**