



Town of Carmel Recreation and Parks Department

General Release Form

(Please Fill Out Form Entirely and Please Print Clearly)

Name of Activity: _____ O Town of Carmel Resident O Non-Resident
Participant's Name- _____ Sex: O Male O Female
Street Address: _____ Town _____ Zip Code: _____
Date of Birth: _____ Grade: _____ Age: _____
Telephone: Home - _____ Cell- _____ Work- _____
Emergency Contact: Name - _____ Relationship - _____ Telephone- _____

GENERAL RELEASE: The undersigned hereby releases the Town of Carmel, its Town Board, Recreation & Parks Department, employees and volunteers thereof, of any responsibility should an accident or injury occur to the above-named participant as a result of participation in the aforementioned program sponsored by the Carmel Recreation & Parks Department. I understand the department may use photos taken during events for publicity unless I notify them in writing otherwise.

I give consent for the above-named applicant to participate in the program listed above. I understand and I am responsible for transportation to/from Thunder Ridge if participating in the ski/snowboard program.

Many recreational activities involve the possibility of physical injury. The municipality does not hold accident insurance. Such insurance is the responsibility of the individual. I hereby release the Town of Carmel and employees of any liability whatsoever in connection with any damage and/or injuries that the above-named person may sustain as a result of participation in the above-named program.

The undersigned parent/guardian hereby agrees to indemnify and keep harmless Little Adventures LLC, INC. d.b.a Hobby Quest and its owner, employees and partners against any and all liability claims, judgments, or damage arising as result of participation in our program, or as a result of any course of instruction or supervision given the student by The Hobby Quest.

I hereby, for myself, my children, my heirs, executors and administrators, waive and release any and all rights and claims for damages against the Town of Carmel, employees, volunteers, representatives, and the US Sports Institute for any and all injuries suffered by me or my children at any activity sponsored by these groups. I understand all persons participate in Town programs at their own risk of injury inherent in the practice and play of any sport, and I am willing to assume these risks. I hereby certify that my child is fully capable of participating in this sports program and that he/she is healthy and has no disabilities that would restrict full participation in this activity, except as included in writing with this application.

I the Parent/Legal Guardian of the above named child give permission for my child to participate in the summer camp program at Sycamore Park, including swimming, and the trips marked above which may include water activities. I hereby, for myself, my children, my heirs, executors and administrators, waive and release any and all rights and claims for damages against the Town of Carmel, employees, volunteers, and representatives, for any and all injuries suffered by me or my children at any activity sponsored by these groups. I understand all persons participate in Town programs at their own risk. By signing this, I certify that to the best of my knowledge, the information on this application is correct.

In the event that I cannot be reached and an emergency occurs, I hereby give consent and permission for my child to receive emergency treatment. A hospital will not provide treatment for a minor unless accompanied by a parent or guardian. This form will permit your child to be treated if an emergency situation arises and we are unable to contact you.

I certify that I/my child have no medical condition and require no medication that would be dangerous in conjunction with these programs. I also certify that I/my child was born on the above date and am/is the required age by the first day of the class(es) listed above.

CANCELLATION DUE TO LACK OF ENROLLMENT: If a program does not have a sufficient number of participants registered, the program may be cancelled by the Recreation Department. A full refund will be issued.

REFUND POLICY: If a participant becomes ill or injured and is unable to attend the remaining sessions of a program, a prorated refund will be issued to the customer's account. A doctor's note is required and the request must be received in writing to Carmel Recreation within a week of the injury/illness. Please email all requests to carmelrecreation@ci.carmel.ny.us. If a participant wishes to withdraw from a program prior to the program's start, the request must be made in writing a minimum of five days before the start of the program. The refund request can be emailed to carmelrecreation@ci.carmel.ny.us. A refund will be issued to the customer's account, less a 25% processing fee. NO REFUNDS will be considered after this time. There will be NO refund if participant is picked up early or asked to leave in the event of a discipline problem. All class dates are subject to change. NO REFUNDS will be given if the additional class or make up class date cannot be made by the participant. In regards to ALL US SPORTS INSTITUTE PROGRAMS: If the customer decides that their participant is not ready for the program or its content, USSI can issue them with a credit voucher, PARTICIPANT MUST CONTACT USSI DIRECTLY. The value of the credit voucher will be a maximum of 80% of the registration fee paid. Note: To request a credit voucher for non-participation, the customer must contact USSI within the following timelines: •Spring, Fall or Winter programs: (Weekly sessions starting in January through May or September through December) within 48 hours of the second scheduled class. •Summer week-long programs/camps (starting June through August). Before the 2nd session / camp day begins.

Any misrepresentation will result in expulsion from class and forfeiture of all fees.

I HAVE READ AND UNDERSTAND THE ABOVE POLICY.

Participant's Signature (Parent/Guardian if participant is under 18 years old)

Date:

Please print name (Parent/Guardian if participant is under 18 years old): _____