



Town of Mamaroneck Recreation Dept

Individual Program Application

Participant Name _____

Date of Birth ___/___/___ Gender: M___F___

Address _____

City _____ Zip _____

Home Phone () _____ - _____

Cell Phone () _____ - _____

Email _____ @ _____

Program _____

Fee \$ _____

I, the participant, or parent/guardian of the above-named child, who participates in programs organized by the Town of Mamaroneck Recreation Department, assume all risks and hazards incidental to the conduct of the activity and transportation to and from the activity. I am aware that participating in any recreational program can be a dangerous activity involving risks of injury. I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk of exposure to or infected by COVID-19 by attending Town of Mamaroneck facilities/activities and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I specifically release, absolve, indemnify, and waive any claims against the Town of Mamaroneck, the Town of Mamaroneck Recreation Department and its officers and employees from liability.

Photo Permission: Participants permit the taking of photographs of themselves and their children during recreational activities for publication and use by the Recreation Department for promotional purposes unless otherwise stated.

Signature _____ Date ___/___/___

Make checks payable to **Town of Mamaroneck** and mail to Recreation Dept., 740 W. Boston Post Rd. Mamaroneck, NY 10543.