



TOWN OF MANCHESTER, VERMONT REGISTRATION FORM

PARENT/GUARDIAN FIRST AND LAST NAME		SPOUSE/SIGNIFICANT OTHER	
EMAIL ADDRESS			
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER	
EMERGENCY CONTACT (NON-PARENT)	EMERGENCY CONTACT PHONE NUMBER	EMERGENCY CONTACT RELATIONSHIP	
STREET ADDRESS	TOWN	STATE/ZIP	
MAILING ADDRESS (If different)	TOWN	STATE/ZIP	

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of permission to use, today and on all future dates, the property, facilities, staff, equipment and services of the Town of Manchester (herein "Town" and that includes its agencies, departments, divisions, offices, officers, employees, and agents), for myself, my heirs, personal representatives or assigns, I do hereby release, waive, discharge, and covenant not to sue the Town, from liability, from any and all claims, including negligence resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in activities, observation, and use of facilities, premises, or equipment. I further recognize and acknowledge that any such claim is barred by the doctrine of sovereign immunity. **I hereby give my consent to the use of me or my child's photo, video, artwork etc. by the department for flyers, presentations, website, etc.**

Assumption of Risks: This use of Town property, facilities, staff, equipment, and/or services carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The Town has facilities for and provides for activities such as social events, community outreach, clinics, camps, and day care. Some of these involve situations, environments, or activities that may lead to illness, physical injuries, and psychological stress or damage. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, sprains, and embarrassment; 2) major injuries such as joint or back injuries, heart attacks, head injuries, and psychological trauma and; 3) catastrophic injuries including paralysis and death. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD the Town HARMLESS from any and all claims, demands, actions, suits, procedures, costs, expenses, damages and liabilities of any description, including attorney's fees brought as a result of my involvement at and to reimburse the Town for any such expenses incurred.

Severability: I agree that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Vermont and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law. I have also read the Department's policies and procedures, and agree to abide by them.

Signature of Parent/Guardian of Minor (Under 18) Date Signature of Participant Date

PARTICIPANTS NAME	AGE	BIRTH DATE	M/F	GRADE	ACTIVITY	SHIRT SIZE	FEE

I am interested in being a coach for youth sports. Yes No

Please make checks payable to: TOWN OF MANCHESTER