## Town of Sterling, Connecticut Sterling Recreation Authority Application

1183 Plainfield Pike P. O. Box 157 Oneco, Ct. 06373 860-564-2136

| Program(s) Yoga  |  |
|--|--|
| Name of Participant:   |  |
| Parents/Guardian Name:   |  |
| Address:   |  |
| D.O.B  |  |
| Home Phone:Cell Phone:   |  |
| E-Mail   |  |
| Please list any medical issues you currently have and/or are being treated |  |
| Please list any medications you currently take and the dosage              |  |
| Dr.'s Name and Preferred Hospital:   |  |
| Person to Contact in Case of an Emergency:                                 |  |
| Name:Relationship to Participant:  |  |
| Phone Number(s):   |  |

The Sterling Recreation Authority reserves the right to cancel any class due to lack of participation.

You must read and sign the attached Waiver, Hold Harmless and Release of Liability Agreement in order to participate in any program offered or held at the Town of Sterling Recreation Authority facilities.

Revised 4/15/2017

## For Insurance Purpose:

| In consideration for the privilege<br>Recreation Authority Program, I   |   |  | , the Sterling  |
|---|---|--|---|
| I understand that there at<br>the risk of serious physic<br>ASSOCIATED WITH   | re inherent risks invol<br>cal injury or death and<br>Yoga  | ved in <u>Yoga</u><br>I <u>I FULLY ASSUM</u><br>, EVEN IF DU   | ME ALL RISKS<br>E TO THE  |
| NEGLIGENCE OF ST<br>SERVANTS OR EMP<br>transporting, contact from<br>devices or inadequate sa<br>instruction or inadequate<br>I, for myself and for my heirs, as<br>representatives, AGREE TO DI  | LOYEES, including to m patrons and spectate after devices; lack of verification; and the lessigns, successor, executions. | out not limited to co<br>ors; equipment fail-<br>varning or inadequalike.<br>cutors, administrate                              | ollisions while ure; lack of safety ate warnings; lack of ors, and legal                                    |
| and all claims, suits or demands facilities and equipment including TOWN OF STERLING AND  | by anyone arising from  | m my use of the <u>TC</u><br>SLIGENCE ON T   | OWN OF STERLING<br>HE PART OF THE   |
|   | BY RELEASE, AND G AND THEIR AGE sonal injury sustained and equipment, EVEN  | AGREE THAT I<br>NT, SERVANTS,<br>by me while using<br>IF DUE TO THE  | WILL NOT SUE THE OR EMPLOYEES for the TOWN OF NEGLIGENCE OF   |
| I HAVE READ THIS WAIVE<br>LIABILITY AND FULLY UN<br>THAT BY SIGNING THIS AC<br>LEGAL RIGHTS. I HAVE NO<br>ANY PROMISE OR REPRES<br>MY OWN FREE WILL.  | DERSTAND ITS TI<br>GREEMENT THAT<br>OT BEEN INDUCE  | ERMS. I FURTH<br>I AM GIVING U<br>D TO SIGN THIS   | ER UNDERSTAND P SUBSTANTIAL AGREEMENT BY  |
| Participant Signature   | Participant Printe  | ed Name  | Date  |
| This is to certify that I, as parent hereby consent and agree to his successors, executors, and admining the executors of the executor | or her release as set for nistrators, and legal re ARMLESS THE TO PLOYEES from any se of the TOWN OF EGLIGENCE ON T       | al responsibility for orth above and for representatives, AGIWN OF STERLIN and all claims, suit STERLING facilit HE PART OF TH | nyself, my heirs, assigns, REE TO DEFEND, NG AND THEIR ts or demands by anyone ties and equipment E TOWN OF |
| Participant Signature   | Participant Printed Nam   | ne -   | Date  |