



TOWN OF LITCHFIELD  
PARKS & RECREATION DEPARTMENT

STANDARD PROGRAM PARTICIPATION FORM AND HOLD HARMLESS AGREEMENT

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS:

\_\_\_\_\_

TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT:

\_\_\_\_\_

RELATIONSHIP TO PARTICIPANT:

\_\_\_\_\_

**PROGRAM: CO-ED VOLLEYBALL**

**HOLD HARMLESS**

I understand that injuries are a possibility as a result of participation in this activity. I agree not to hold the TOWN OF LITCHFIELD, the Parks & Recreation Department, its officers, agents and employees and anyone else associated with this program from any loss, costs, expenses, injuries or property damage and liability whatsoever, kind or nature which may arise from my participation or my child's participation in this program. I also understand and agree that my own medical and/or disability insurance will be used in the event of an injury and that if I have no such insurance, that I will be directly responsible for any medical costs whatsoever.

SIGNED:

\_\_\_\_\_

(PARTICIPANT OR PARENT/GUARDIAN IF CHILD UNDER 18)

DATE: \_\_\_\_\_