

Percy Walker Pool Release Form

GROUP NAME: _____

NAME: _____ **MALE:** _____ **FEMALE:** _____

ADDRESS: _____

PHONE: _____ **EMERGENCY PHONE:** _____

DATE OF BIRTH: _____ **AGE:** _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

NAME: _____ **RELATIONSHIP:** _____

PHONE NUMBER: _____

ALLERGIES OR PHYSICAL DIFFICULTIES: _____

Pool Policy: Any Non-swimmers MUST be accompanied by a responsible adult in the water. Floatation devices are NOT a substitute for an adult.

I/We the undersigned do authorize and permit said child/adult to participate in all athletic, recreational and aquatic activities without limitation conducted by the Town of Duxbury under its Recreation Director and the Percy Walker Pool. I/We assume all risk and hazards incidental to such participation including transportation to and from the activities; and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the organizers, sponsors, supervisors and participants from all claims for damages to persons which may result from any such activity by such child and/or adult.

PARTICIPANT'S SIGNATURE: _____

(Parent/Guardian over 18)

DATE: _____