

**TOWN OF LITCHFIELD**  
**PARK & RECREATION DEPARTMENT**

**STANDARD PROGRAM PARTICIPATION FORM AND HOLD HARMLESS AGREEMENT**

Prior to participating in any program or event (including trips) sponsored by the Town of Litchfield's Park & Recreation Department, the following form must be completed and placed on file with the Park & Recreation Department. No party shall be able to participate in a town program until such time as payment has been received and the following hold harmless agreement has been properly executed.

**A SEPARATE FORM MUST BE COMPLETED FOR EACH PARTICIPANT**

PROGRAM/TEAM GROUP \_\_\_\_\_ GRADE \_\_\_\_\_

PARTICIPANTS NAME \_\_\_\_\_ AGE \_\_\_\_\_

MAIL ADDRESS \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT \_\_\_\_\_

PAYMENT ENCLOSED: \$ \_\_\_\_\_ CASH \_\_\_\_\_ CHECK # \_\_\_\_\_  
(PAYABLE TO: **LITCHFIELD PARK & RECREATION**)

PROGRAM & SESSION \_\_\_\_\_

**\*PLEASE WRITE PROGRAM NAME ON CHECK\***

*\*If you will require special services due to a disability, please let us know.*

**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 Park & 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 \_\_\_\_\_ DATE \_\_\_\_\_

(Participant or parent/guardian if child under 18 years of age)