

ADULT FORM 2024 – 2025
TOWN OF GRANBY RECREATION DEPARTMENT
PROGRAM LIABILITY / EMERGENCY PROCEDURE



Name of Participant _____ Birthdate _____
Mailing Address _____
Physical Address _____ E-mail: _____
Home / Cell Phone _____ Work Phone _____
In case of emergency, please contact:
Name _____ Phone _____ Relation _____
Name _____ Phone _____ Relation _____
Insurance Company _____ Policy Number _____
Hospital / Clinic Preference _____
Physician _____ Phone _____
Allergies _____
Medical conditions we should be aware of _____

I, the undersigned, am the participant in a Granby Recreation Department program.

I/we, hereby request that the Town of Granby Recreation Department (hereafter GRD) accept the application of myself for enrollment in any GRD sponsored programs. In submitting and signing this application, I represent that I am aware of the risks and potential dangers involved in connection with the transportation and participation in attending any recreation programs, and that I know that risks and dangers may arise, absent gross negligence, driving to and from, as well as during any recreation program.

Now, therefore, in consideration of the acceptance of the participant in the GRD programs, I for myself and all other members of my family, hereby release and discharge the Granby Recreation Department, the Town of Granby, their Boards of Directors, employees, agents, and volunteers from any and all claims, demands, and causes of action of any sort, including negligence, totally or partially causing injuries sustained to the person or property of the participant resulting in connection with participation, directly or indirectly, in the GRD programs for any reason or fault.

SIGNED _____ DATE _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE: I hereby understand that basic first aid may be given for minor injuries to myself. I hereby give my consent to the administration of any treatment deemed necessary by my physician listed above, or in the event he / she is not available, by another licensed physician, and transfer myself to the hospital listed above or any hospital or clinic reasonably accessible. This consent does not cover major surgery unless the medical opinions of two licensed physicians concur in the necessity for such surgery. I agree to pay for all expenses incurred including reasonable attorney's fees if I fail to make such payment.

SIGNED _____ DATE _____