



Town of Hopkinton  
Rhode Island  
www.HopkintonRi.org

# Parks & Recreation

401.377.7795 Voice  
401.377.7756 FAX

Department  
Mary Sawyer, Director

## Program Registration Form

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Email \_\_\_\_\_

Program/Activity \_\_\_\_\_ Fee \_\_\_\_\_

Payment- Cash \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ School Attending \_\_\_\_\_

Medical Conditions \_\_\_\_\_

### Please read carefully and sign below

**RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT**

I agree to the unreserved use of my name and/or likeness (including photographs, videotapes and other depictions) for publicizing Hopkinton Park and Recreation Department activities. In CONSIDERATION of the acceptance of the application for entry into the classes or activities listed above, I hereby WAIVE, RELEASE and DISCHARGE any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me as a result of my participation in said classes or activities. This release is intended to discharge in advance the town Hopkinton, the Town Council, the Hopkinton Recreation Commission, its officers, agents and employees from and against any and all liability arising out of or connected with my participation in said classes or activities. I HAVE READ THE DESCRIPTION IN THE BROCHURE OF EACH CLASS OR ACTIVITY FOR WHICH I HAVE REGISTERED AND I AM AWARE THAT THESE CLASSES OR ACTIVITIES SUBJECT ME TO PHYSICAL RISKS AND DANGERS. NEVERTHELESS, I VOLUNTARILY AGREE TO ASSUME ANY AND ALL RISKS OF INJURY OR DEATH, AND TO RELEASE, DISCHARGE AND HOLD HARMLESS ALL OF THE ENTITIES OR PERSONS MENTIONED ABOVE. It is understood and agreed that this waiver, release and assumption of risk is to be binding on my HEIRS, PERSONAL REPRESENTATIVES, NEXT OF KIN, SPOUSE AND ASSIGNS.

**Parent or guardian must sign for youth 18 and under. Signature indicates registrant agrees with all registration and refund policies. Registration is not complete without signature.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please make checks or money orders payable to the Hopkinton Recreation Department and mail to Hopkinton Recreation Department, P.O. Box 314, Ashaway, RI 02804.

Check T-Shirt Size: Youth Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ X-Large \_\_\_\_\_

Adult Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ X-Large \_\_\_\_\_