

**2019 SALISBURY TOWNSHIP SUMMER PLAYGROUND REGISTRATION FORM**

**CHILD'S NAME:** \_\_\_\_\_ **M** **F** **D.O.B:** \_\_\_\_\_  
(Please Print) (Circle One)  
**(AGE \_\_\_\_\_) If age 5, Completed Kindergarten? YES \_\_\_\_\_ NO \_\_\_\_\_**

**ADDRESS:** \_\_\_\_\_  
Street City State Zip

**RESIDENT OF SALISBURY TOWNSHIP: YES \_\_\_\_\_ NO \_\_\_\_\_**

**PARENT/LEGALGUARDIAN NAME:** \_\_\_\_\_

**(Emergency Phone #)**

\_\_\_\_\_ **Day Phone** \_\_\_\_\_ **Evening Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Email:** \_\_\_\_\_

**PLEASE LIST ALL ALLERGIES:**  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE LIST ANY MEDICAL PROBLEMS/DISABILITIES/CURRENT MEDICATION/ALLERGIES WE SHOULD KNOW ABOUT:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

In consideration of allowing my child, named above, to participate in activities associated with the Salisbury Township Summer Playground Program, I/we shall release, waive, discharge and covenant not to sue Township of Salisbury and/or its Parks and Recreation Departments, its officials, agents and/or employees, from all liability from any and all loss or damage and any claim or demands thereof on account of injury to the person or property or resulting in death of the named participant except in the case of gross or willful wanton negligence of the Township of Salisbury and/or its Parks and Recreation Departments, its officials, agents and/or employees or otherwise, while the named participant participates in the Salisbury Township Summer Playground Program at any of the Township's park facilities.

I/we further agree to indemnify the Township of Salisbury and/or its Parks and Recreation Departments, its officials, agents and/or employees, from any and all liability, loss or damage, including but not limited to, bodily injury, illness, death or property damage which the Township of Salisbury and/or its Parks and Recreation Departments, its officials, agents and/or employees, become legally obligated to pay including reasonable attorney's fees and costs, as a result of claims, demands, costs or judgments against the Township of Salisbury, and/or its Parks and Recreation Departments, its officials, agents and/or employees, on account of injury to the person or property or resulting in the death of the named participant except in the case of gross or willful wanton negligence of the Township of Salisbury and/or its Parks and Recreation Departments, its officials, agents and/or employees, whether or not such liability is sole, joint or several.

I/we am/are aware that participation in this program may present a strain on my child's body or parts and therefore, I represent to the Salisbury Township Parks and Recreation Departments that to the best of my knowledge, my child is in proper physical condition to allow him/her to participate in any and all activities associated with the Salisbury Township Summer Playground Program and that I/we assume the risk of participating in the aforementioned activities. I acknowledge that I have received information concerning the Playground Activities given with registration, including the absence of medical personnel as it pertains to the playground and other programs.

I/we understand that in case of injury or illness, I/we will be notified. If it is impossible to contact me and it is an emergency, I/we hereby give permission to the attending physician to treat, hospitalize, administer anesthesia, and/or to order injections and/or surgery for the safety of my child. I/we understand that the outline of this program is subject to change without notice and that my child may be videotaped or photographed during participation. I/we further agree that privileges may be revoked from any participant at the sole discretion of the Playground Supervisor. I/we, the parent or legal guardian, the undersigned, have read this Release and understand all of its terms. I/we execute it voluntarily and with willful knowledge of its significance. I/we have executed this Release on the date indicated next to my name.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date