

PHONE E-MAIL SECONDARY CONTACT (PHONE LIST ANY SPECIAL NEEDS

Waiver Policy

As a participant or parent/guardian of the above named participant (under 18). I understand in these activities that incidents of accident and injury could occur. I participate voluntarily in these activities. I have read the agreement and understand it's contents. I release and hold harmless the Town of Smithfield Parks and Recreation Department and the Town of Smithfield and it's agents from any claim arising out of injury to myself or my child.

All checks must be made out to Cole Bray.

Signature:_____

DEPARTMENT USE ONLY	C MITHFI
AMOUNT PAID \$	
CASH CHECK CHECK#	
FEES ARE DUE AT TIME OF REGISTRATION.	PARKS & RECREA



Date: ____ /____ /____