



# LONDONDERRY RECREATION REGISTRATION/WAIVER FORM

<b>Payment submitted to:</b>  Londonderry Recreation Department 268B Mammoth Road Londonderry, NH 03053 *make checks payable to 'Town of Londonderry'	<b>Contact Information:</b>  Hotline: 603-437-2675 Email: recdept@londonderrynh.org	<b>For Office Use</b>  Check # _____ Cash _____ CC _____ Amount: _____
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<b>Parent/ Guardian Contact Information</b>	Adult First & Last Name		
	Address		
	City	State	Zip Code
	Home	Cell	Work
	Email	Emergency Contact	Phone

List any special needs or medical accommodations we should be aware of:

## PLEASE LIST PARTICIPANT INFORMATION & PROGRAMS

First	Last Name	Date of	Sex	Grade	Shirt Size	Name of Program	Fee
<b>Total Fee</b>							

### \*\*\*\*PLEASE READ AND SIGN THE WAIVER BELOW\*\*\*\*

I/we HEREBY WAIVE AND RELEASE the Town of Londonderry, New Hampshire, Town Council, its paid and volunteer employees, and agents of the Town from all liabilities, claims, actions, damages, costs or expenses which may arise in connection with the Recreation Department activities, including, travel to or from the activity, for bodily injury, death or property damage suffered by me/my child before, during, or after said activity. I give my permission for the child(ren) listed to be treated by qualified medical personnel in the event that the parent/guardian named below cannot be reached at the phone numbers provided.

\_\_\_\_\_  
 Signature (parent/guardian if participant is under 18 years of age)

\_\_\_\_\_  
 Date

**Refund policy:** A full refund will be granted if a participant's space in a program can be filled or a program is cancelled by the Recreation Department. A conflict with another sport/program does not constitute a refund. Players/participants sustaining a program ending injury before the end of a program will receive a pro-rated refund. A refund is not granted if a program is cancelled due to inclement weather. All refund requests should be sent via email to recdept@londonderrynh.org.

**CONSENT AND AUTHORIZATION TO USE  
PHOTO/VIDEO/AUDIO/DIGITAL IMAGES ("Consent")**

**Read this Consent carefully and be certain you understand it before signing.**

This Consent pertains to the following Participant:

\_\_\_\_\_

Full Name of Participant (Please Print)

\_\_\_\_\_

Date of Birth of Participant

I hereby consent to, authorize and grant to \_\_\_\_\_ (organization/entity) \_\_\_\_\_, and its officials, agents, representatives, volunteers, employees, successors, assigns, or those for whom it is acting, and all persons and corporations acting with its permission or authority, including but not limited to the director/producer, editor, recorder, photographer and videographer/filmmaker, the absolute right and permission to take, copyright, use, and publish and/or broadcast any video film, footage, audio recordings, soundtrack recordings, photographs, digital images or reproductions of me/my minor child, and my/my minor child's narrative account of my/my minor child's experience with \_\_\_\_\_ (organization/entity) \_\_\_\_\_ (collectively referred to as "Materials"). I/my minor child may or may not be identified in such Materials; however, I/my minor child shall not be stated by name to have endorsed any particular commercial product(s) or commercial service(s) or commercial programming. I further understand that I nor my minor child will have any editorial control over the final product and/or my/my minor child's portion of the Materials.

I represent that I am at least eighteen (18) years of age and that I am competent to sign this Consent.

I have read the foregoing Consent and fully understand its contents. This Consent shall be binding upon me, my heirs, legal representatives and assigns. If any provision of this Consent is found to be invalid or unenforceable, any such provision shall be divisible, and shall not affect in any way the remaining provisions, which shall remain in full force and effect.

\_\_\_\_\_

Signature of Participant (or Parent/Legal Guardian if under 18)

\_\_\_\_\_

Date

\_\_\_\_\_

Printed Name of Participant (or Parent/Legal Guardian if under 18)

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**This withholding of consent pertains to the following Participant:**

\_\_\_\_\_

Full Name of Participant (Please Print)

\_\_\_\_\_

Date of Birth of Participant

☐ I do NOT consent to, do not authorize or do not grant permission for me/my minor child, identified above, to appear in any photo, publication, video, audio recording, social media post or other Internet-based posting originating from or submitted to \_\_\_\_\_ (organization/entity) \_\_\_\_\_.

\_\_\_\_\_

Signature of Participant (or Parent/Legal Guardian if under 18)

\_\_\_\_\_

Date

\_\_\_\_\_

Printed Name of Participant (or Parent/Legal Guardian if under 18)