



Town of Simsbury

933 HOPMEADOW STREET

P.O. BOX 495

SIMSBURY, CONNECTICUT 06070

CULTURE, PARKS AND RECREATION DEPARTMENT

Waiver of Participant of Self:

In consideration of your accepting my or my child's registration and entry, I hereby for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the Town of Simsbury of the Simsbury Culture, Parks and Recreation Department and its representatives, successors and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups. I understand there is an inherent risk of injuries associated with the activity and authorize emergency medical treatment and transportation in my absence.

Participant Signature _____ Date _____
(If 18 or under, Parent or Guardian Signature required)