Town of Islesboro-Recreation Department Participant Release Assumption of Risk Agreement/ Agreement to Indemnify & Hold Harmless Town of Islesboro / POB 76

Name of Participant: _____ Age: Grade:

Parent or Guardian Name(s): _____

Emergency Numbers (2) 1.) _____2.) _____

E-mail Address: _____

Allergies, Meds, or other Info that is important? _____

(Please continue on back of form, as needed in consideration of the participation of the minor named above being permitted to participate in the (Activity):

****Sonia Albin Stories and ART_Camps_Tuesday → Friday: Aug. 4, 5, 6, and 7th and and Aug. 11, 12, 13, and 14th. $100 + $20. materials. = $120. for half day camp. Please make checks payable to Town of Islesboro-Recreation. Thanks. ~Kara**

_____ _____

Activity and Location Dates

Each person signing below understands that participation in the Town of Islesboro ("Town") program, activity and/or special event can involve the risk of damage and injury, including serious injury, to both people and property. Each person signing below understands and agrees that the Town, its agents, officers and employees, accept no responsibility, and will not be liable, for any injury, harm or damage to his/her person or property (including, but not limited to, injury, harm or damage caused by negligence of the Town, its agents, officers or employees) occurring during or arising out of participation in any Town program, activity and/or special event. To the fullest extent permitted by law, each person signing below agrees to assume all risk of injury, harm or damage to his/her person or property arising during or in connection with said Town program, activity and/or special event. Each person signing below hereby releases and agrees to indemnify and hold harmless the Town, its agents, officers and employees, from any and all liability, actions, damages and claims of any kind and nature whatsoever for any injury, harm or damage to his/her person or property (including, but not limited to, injury, harm or damage caused by negligence of the Town, its agents, officers or employees) that may arise or occur during or in connection with said program, activity and/or special event. *Each person signing below further understands and agrees to abide by safety rules, regulations and policies at all times.]*

_____ _____

Signature of Participant (if under 18, must**also** be signed by Parent or Guardian) Date

_____ _____

Signature of Parent/Guardian (if Participant is under 18 / Participant must also sign) Date

Mail or drop off release form at town office with program payment, $120. 00. Payable to: Town of Islesboro- Write activity on the check detail line: ART CAMP. Thank you!

Questions: Kara mastersk28@gmail.com / 207.381.7943 / Town Office: 734-2253