

** I hereby give my permission for my son/daughter to participate in the Milford Recreation Department program(s). I am aware of the hazards of the activity/sport and the risk of injury in these athletic and active programs. I assume all risks and hazards incidental to such participation, including transportation to and from activities, and I do hereby waive, release, indemnify and agree to hold harmless the said Town of Milford, its volunteers, staff and all sponsors from all liability for any and all loss or damage, and any claim arising out of injury to my son/daughter or property damage that might occur, whether caused by negligence of the Town, agents or employees, or during participation.

** In case of emergency, I hereby give my permission to the program staff and medical personnel selected by the Recreation Department and staff, in my absence, to act as my agent, to apply simple first aid when necessary, or in the event of a more serious accident, for my child to be transported to an emergency medical facility to receive emergency medical treatment. I also authorize the medical personnel to administer such treatment as is medically necessary and I authorize the hospital to undertake examination and emergency treatment, if warranted, on behalf of my child. IN THE EVENT OF AN EMERGENCY, EVERY EFFORT WILL BE MADE TO CONTACT PARENT(S)/GUARDIAN(S).

** PLEASE LIST ALL medical concerns or instructions the staff should know regarding your child's heath (medications, allergies, etc.)

Parent/Guardian's Signature _____

Date