



**TOWN OF WASHINGTON RECREATION COMMISSION**  
**RELEASE & CONSENT FORM**  
(PAGE 2 OF 2)

LAST NAME \_\_\_\_\_  
EMERGENCY NAME AND TELEPHONE # \_\_\_\_\_

**RELEASE/HOLD HARMLESS**

AS IN ANY RECREATIONAL ACTIVITY, THERE ARE SOME INHERENT RISKS, AND INJURY MAY OCCUR. I HEREBY RELEASE AND DISCHARGE THE TOWN OF WASHINGTON, ITS AGENTS, EMPLOYEES, AND APPOINTED OFFICIALS, VOLUNTEERS, COMMISSIONS OR ASSOCIATIONS FROM ANY AND ALL CLAIMS OR ACTIONS FOR LOSSES, DAMAGES OR PERSONAL INJURIES TO MYSELF OR MY CHILD WHICH MAY OCCUR OR ARISE OUT OF MY OR MY CHILD'S PARTICIPATION IN ANY OF THE TOWN OF WASHINGTON RECREATION COMMISSION PROGRAMS OR ACTIVITIES IN WHICH I HAVE REGISTERED.

I DO ALSO REALIZE THAT THERE IS NO MEDICAL INSURANCE COVERAGE OFFERED THROUGH THE TOWN. ALL MEDICAL INJURIES THAT MAY OCCUR ARE THE SOLE RESPONSIBILITY OF THE PARTICIPANT/PARENT/GUARDIAN.

**AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT**

I AUTHORIZE THE PROGRAM DIRECTOR/INSTRUCTOR TO GRANT CONSENT FOR EMERGENCY MEDICAL TREATMENT, DIAGNOSTIC TESTS AND PROCEDURES, ANESTHESIA, HOSPITAL CARE AND MEDICAL AND SURGICAL TREATMENT TO BE RENDERED TO MYSELF/CHILD UNDER THE GENERAL OR SPECIAL SUPERVISION AND ADVICE OF A PHYSICIAN WHEN EFFORTS TO CONTACT YOU OR YOUR EMERGENCY CONTACT ARE IMPOSSIBLE OR IMPRACTICAL.

NAME OF PARTICIPANT: \_\_\_\_\_ Date: \_\_\_\_\_

SIGNATURE OF PARTICIPANT/PARENT/GUARDIAN: \_\_\_\_\_

**PHOTO RELEASE**

THE RECREATION DEPARTMENT HAS MY PERMISSION TO USE MY OR MY CHILD'S PHOTOGRAPH PUBLICALLY TO PROMOTE THE RECREATION DEPARTMENT. I UNDERSTAND THAT THE IMAGES MAY BE USED IN PRINT PUBLICATIONS, ONLINE PUBLICATIONS, PRESENTATIONS, WEBSITES, AND SOCIAL MEDIA.

SIGNATURE OF PARTICIPANT/PARENT/GUARDIAN: \_\_\_\_\_



# CREDIT CARD PAYMENT AUTHORIZATION

Amount: \$ \_\_\_\_\_ please charge for the following:

- |  |                                |
|--|--------------------------------|
| ● Dog License  | ● Recreation Fees \$ _____     |
| ● Hunting License<br>(Include Copy of<br>Driver's License) | ● Pool Pass (Season Pass Only) |
| ● Transfer Station   | ● Building Permit Application  |
| ● Town/County<br>Property Tax                              | ● Marriage License             |
|  | ● Genealogy Search             |

Account #: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_

3 Digit Security Code: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

(Located on the back of card)

Card Holder Name: \_\_\_\_\_

(Exactly as it appears on card)

Billing Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

By signing this authorization form you allow the Town of Washington to charge your credit card a one-time fee for the purpose indicated above. **Credit card transactions are charged an additional fee of \$1.95 up to \$80.00 and 2.45% if over \$80.00.**

NOTES: Please specify what department and program you are paying for: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_