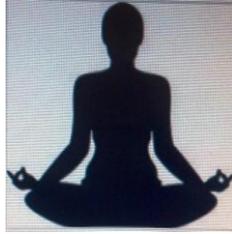


# Hampden Parks & Recreation Presents



~Yoga~

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FREE Introductory class on September 5th, 2017.

Paid program will run September 12th through October 31st from 6-7pm on **TUESDAYS** in the Hampden Town House auditorium; Cost is \$70 for the eight-week program. Additional family members only \$50 each!

A Yoga mat is required.

**Prepayment is required.** Please make checks payable to Hampden Parks & Recreation.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

## **Release from Liability and Indemnification**

I agree to waive and release the Town of Hampden, the Parks and Recreation Department and their employees and agents, whether paid or voluntary and their members from and against any and all claims, cost liabilities, expenses, or judgments, including attorney's fees and court cost arising of my or my child's participation in the Town's recreation program or any illness/injury resulting there from, and hereby agree to indemnify and hold harmless the Town of Hampden or their agents from and against any and all such claims, whether caused by negligence or otherwise, except for illness and injury resulting directly from gross negligence or willful misconduct on the part of the Town or its employees. I understand and agree that by signing this waiver I am freeing the Town of Hampden, it's employees, officers, or agents from any liability resulting from my (or my child's) participation in this sponsored event or activity. I recognize that the event can be dangerous to me (or my child) and accept these dangers. I understand that if I am (or my child is) injured, this waiver will be used against me and anyone else claiming damage because of my (or my child's) injury in any legal action. I also understand that no employee or agent is authorized to modify this waiver.

I hereby represent that: I understand and am familiar with the nature of the activities in which I (or my child) will participate in this recreational program, that I (or my child) am in good physical health, and that I (or my child) do not have physical or emotional conditions, past or present, of which I am aware, which would in any way affect my (or my child's) ability to participate in this activity. **I have personally read and understand this waiver.**

**In case of emergency, I give my permission for emergency medical treatment.**

This form shall be considered valid until cancelled or changed in writing by the undersigned parent/guardian/participant and received by the Town of Hampden Parks and Recreation board. My signature acknowledges that I understand and agree to the above conditions.

Signature (Parent/Guardian): \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Full Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_