



TOWN OF BREWSTER
2298 MAIN STREET
BREWSTER, MA 02631
 PHONE: (508) 896-9430
 FAX: (508) 896-9430 (CALL AHEAD)
 BREWREC@TOWN.BREWSTER.MA.US

OFFICE OF
 RECREATION COMMISSION

ADULT REGISTRATION FORM

Participant's First Name: _____ Last Name: _____

Address: _____ Town: _____ Zip: _____

Home #: (____) _____ - _____ Work #: (____) _____ - _____ Cell# (____) _____ - _____

E-Mail Address: _____

Allergies/other medical concerns: _____

PROGRAM INFORMATION

***Please list all the programs for which you are registering:**

Program Name: _____ Time: _____ Cost: \$ _____

Program Name: _____ Time: _____ Cost: \$ _____

Program Name: _____ Time: _____ Cost: \$ _____

Consent to Release Form:

I, the undersigned, do hereby consent to voluntarily participate in recreation programs of the Town of Brewster and acknowledge that the instructors of said programs may not be employees of the Town of Brewster. Instructors are personally responsible for the nature and content of the courses and instruction they provide. I also agree to forever release the Town of Brewster, and all their officers, boards, committees, employees, agents, volunteers, and contract employees from any and all liability, claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries or property damage resulting from my participation in the Town of Brewster's voluntary recreation programs. I affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that this is a legal document and that by signing it I am giving up substantial legal rights and giving up my right to sue or otherwise make a claim against the Town of Brewster its officers, boards, committees, employees, agents, volunteers, and contract employees. I further understand that my participation in these programs is voluntary. By signing this Form, I affirm that I have decided to participate in the recreation programs with full knowledge that the Releases will not be liable to anyone for personal injuries and property damage I may cause or sustain.

Medical Release: I hereby give permission to the Brewster Recreation Department staff to provide and administer immediate first aid and authorize a physician a local hospital to secure proper treatment for me if the need arises.

Media Release: I agree that pictures and video taken in connection with the program or event may be used for promotional purposes.

Participant's Signature _____ Date: _____

Method's of Payment: Cash or Check
 Please make checks payable to Town of Brewster
 Any Questions please call the Recreation Department @ (508) 896-9430