

NORTH KINGSTOWN SENIOR & HUMAN SERVICES PARTICIPATION RELEASE

Return completed form to:
Beechwood "A Center for Life Enrichment"
P.O. Box 313
44 Beach Street
North Kingstown, RI 02852

Participant's Name: _____

RELEASE OF LIABILITY AND ASSUMPTIONS OF RISK AGREEMENT

I agree to the unreserved use of my name and/or likeness (including photographs, videotapes, and other depictions) for publicizing Beechwood "A Center for Life Enrichment" and the Town of North Kingstown Senior & Human Services activities.

In consideration of the acceptance of my application for entry into classes and programs (including virtual classes and programs), I hereby WAIVE, RELEASE and DISCHARGE any and all claims for damages, personal injury or property damage which may have or which may hereafter accrue as a consequence of my participation in said classes and programs. This Release is intended to discharge, in advance, the Town of North Kingstown, the North Kingstown Senior Association, and respective officers, agents and employees from and against any and all liability which may arise out of or in connection with my participation in such classes and programs.

I have read the description of this activity for which I have registered and am aware that this activity may subject me to physical risks of injury or death and release, discharge and hold harmless the Town of North Kingstown, The North Kingstown Senior Association and their respective officers, agents and employees with respect to any and all such physical risks and dangers.

It is understood and agreed that this waiver, release and assumption of risk is binding on my HEIRS, PERSONAL REPRESENTATIVES, NEXT OF KIN, SPOUSE AND ASSIGNS.

I have read and understand the terms of this consent dated this ____ day of _____ 20 ____.

Signature of Registrant: _____

Address: _____

Town/State/Zip: _____

Date of Birth: _____

Phone: _____