

Yoga-in-the-Park

Release, Waiver and Assumption of Liability and Consent for Medical Treatment

I, the undersigned, by registering myself or my child in the town's program, understand the nature and risks associated with the participation in this activity. I hereby grant myself/child permission to participate. I am aware that participation is at one's own risk. I acknowledge that the activity, equipment and facilities may pose a risk of personal injury. I am also aware that each participant is responsible for his or her own safety. I hereby waive and release myself, my heirs, executors or administrators of any and all claims and damage we ever had or now have, against the Town of Wellington, its successors and assigns, employees, agents and representative for any and all kinds of injury, including but not limited to personal injury and/or property damage suffered by my child, myself, family members or friends while participating in this program. I hereby give consent for emergency medical care prescribed by a fully licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of myself or my dependent. I certify that the information contained on this form is accurate and complete.

Signature _____ / _____ **Date**

Print Name _____

Emergency Contact Name _____ **Phone Number** _____

Photo Release

I agree to grant Wellington Parks & Recreation and/or Caitlin Draghe and its authorized representatives permission to record on photography film and/or video, pictures of my participation. I further agree that any or all of the material photographed may be used, in any form, as part of any future publications, brochures, or other printed materials used to promote Wellington Parks & Recreation, and further that such use shall be without payment of fees, royalties, special credit or other compensation.

Signature _____ / _____ **Date**

Gentle Flow Yoga and Sound Healing

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Signature _____ / _____ **Date**

Print Name _____

Emergency Contact Name _____ **Phone Number** _____

Photo Release

I agree to grant to Wellington Parks & Recreation, Kimberly Ratti and/or Edie Jemiola and its authorized representatives permission to record on photography film and/or video, pictures of my participation. I further agree that any or all of the material photographed may be used, in any form, as part of any future publications, brochures, or other printed materials used to promote Wellington Parks & Recreation, and further that such use shall be without payment of fees, royalties, special credit or other compensation.

Signature _____ / _____ **Date**