

**Town of LaFayette/LaFayette Community Council**  
**Adult Recreation Participation Form**

**Personal information:**

Name \_\_\_\_\_ Home phone \_\_\_\_\_

Mailing address \_\_\_\_\_

Email address \_\_\_\_\_ Cell phone \_\_\_\_\_

**Contact information in case of emergency:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone numbers to try in order \_\_\_\_\_

**Medical information:**

Are you currently on any medication we should be aware of? \_\_\_\_\_

Do you have any medical condition, disability, previous injury or diagnosis that we should be aware of? If yes, please explain. \_\_\_\_\_

**Liability waiver:** I fully realize the risks involved in the physical activity of this program and am participating at my own discretion. I agree to hold harmless the Town of LaFayette, the Community Council, the LaFayette Central School District, any organizers, employees, volunteers and instructors for any claim to injury.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please indicate which class and session \_\_\_\_\_

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