

TOWN OF CORTLANDT ADULT PROGRAM ACTIVITY REGISTRATION FORM

ONLINE REGISTRATION AVAILABLE FOR CORTLANDT RECREATION PROGRAMS: WWW.TOWNOFCORTLANDT.COM/RECONLINE
PLEASE PRINT CLEARLY; APPLICATION MUST BE COMPLETELY FILLED IN

Last Name _____ First Name _____ RPG DOB _____

Street Address _____ PO Box _____

City _____ Zip _____ Email Address _____

Work Phone # _____ Home Phone # _____

Cell Phone # _____ Cell Phone Mobile Provider _____

- Yes, I would like to receive marketing emails from the Cortlandt Recreation Department about new programs, upcoming events, and town news.
 Yes, I would like to receive text message alerts from the Cortlandt Recreation Department. *By checking this box, I understand that standard text messaging rates may apply.

INJURY RELEASE: I agree, or agree on behalf of my minor child, to assume: (i) all risk of personal injury or loss; (ii) bodily injury; and (iii) damage to, loss of, or destruction of any personal property resulting from or arising out of participation in the designated activity. I also release, waive, indemnify, hold harmless, and discharge the Town of Cortlandt from all claims, damages, and injuries arising out of my or my minor child's activities, including my or my minor child's use of equipment and facilities provided by the Town of Cortlandt. By checking "I Accept" line below, you are signing this Agreement. **I Accept** _____

COVID-19 RELEASE: By participating in any programs sponsored by the Town of Cortlandt, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by my participation. I agree that if I am exposed to or infected by COVID-19 during my participation in any programs sponsored by the Town of Cortlandt, then my heirs, successors, assigns, and I have waived any right to maintain a lawsuit against the Town of Cortlandt, volunteer coaches, employees, and hired independent contractors, for exposure to COVID-19, and my heirs, successors, assigns, and I shall hold the Town of Cortlandt harmless with respect to any damages incurred from contracting COVID-19. Every participant should bring a mask as players on the sideline will be required to wear masks. I acknowledge that I have read and fully understand the terms and conditions. By checking "I Accept" line below, you are signing this Agreement. **I Accept** _____

PHOTO RELEASE: I grant permission to the Town of Cortlandt, on behalf of its agents or employees, to use photographs taken of me on the date and at the location listed below for use in town publications such as brochures and magazines, and to use the photographs on display boards, and to use such photographs in electronic versions of the same publications or on the Town of Cortlandt web site. I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from the related to the use of the photograph. I hereby agree to release, defend, and hold harmless the Town of Cortlandt and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any misuse, distortion, blurring, alterations, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution. By checking "I Accept" line below, you are signing this Agreement. **I Accept** _____

| Course # | Participants Name | | Sex | D.O.B. | Activity Name | Total Fee |
|----------|-------------------|------------|-----|--------|---------------|-----------|
| | Last Name | First Name | | | | |
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NONRESIDENT S: 20% SURCHARGE TO HIGHER RATE FOR ALL PROGRAMS REGISTERED FOR.
NONRESIDENT S ARE ONLY ACCEPTED TO FILL UP PROGRAMS 1 WEEK PRIOR TO START OF PROGRAM.

Total Fee _____ **\$** _____

**THE TOWN OF CORTALNDT DOES NOT PROVIDE ACCIDENT INSURANCE.
SEPARATE CHECKS FOR ALL PROGRAMS.**

MAKE CHECKS PAYABLE TO AND MAIL TO: TOWN OF CORTLANDT RECREATION DEPARTMENT, 1 HEADY STREET, CORTLANDT MANOR, NY 10567

By signing up for a program through Community Pass and the Town of Cortlandt Recreation Department, you will automatically be enrolled to receive future communications from the Town of Cortlandt. You may opt of these future communications by clicking unsubscribe.

FOR OFFICE USE ONLY

TR Receipt # _____

CC Receipt # _____

Deposited _____

Date _____