



# Adult 21+ Basketball

## March 10 - June 16

Raymond Recreation will be offering an adult 21+ basketball program. This is a pick-up program (we do not have a league or set teams). The session will run from March 10 through June 16. No basketball 3/21, 4/21 and 5/26. This program meets on Sunday mornings from 8:00 to 10:00am at the Gove Middle School Gym.

The fee for the 12-week season is \$30. You must register and pay on-line through raymondnh.recdesk.com prior to the start of the session in order to participate.

-----21+ Basketball (Mar-Jun)-----

Participant's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street City State Zip

Email Address: \_\_\_\_\_

### RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration of the permission granted to the participant named above to participate in the Basketball program, I/we SHALL RELEASE, WAIVE DISCHARGE AND COVENANT NOT TO SUE the Town of Raymond, Recreation Department, their agent and employees from all liability for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the named participant except in the case of gross or willful wanton negligence of the Town of Raymond, Recreation Department its agents and employee or otherwise while the named participant participates in the above named program.

I/we further agree to indemnify the Town of Raymond, Recreation Department, their agents and employees from any and all liability, loss or damage including but not limited to bodily injury, illness, death or property damage which the Town of Raymond, Recreation Department, their agents and employees become legally obligated to pay including reasonable attorneys' fees and costs, as a result of claims, demands, costs or judgments, against the Town of Raymond, Recreation Department, their agents and employees on account of injury to the person or property or resulting in the death of the named participant except in the case of gross or willful wanton negligence of the Town of Raymond, Recreation Department, their agents or employees and whether or not such liability is sole, joint or several.

I/we am aware that participation in this program may present a strain on my body, or its parts and therefore I represent to the Town of Raymond, Recreation Department that to the best of my knowledge, I am in a proper physical condition to participate and that I/we assume the risk of participating.

I/we understand that the above program involves traveling to various activity sites. I/we will accept full responsibility for transportation to and from these activities and I/we release, indemnify and hold harmless and persons providing such transportation.

If it is impossible to contact me and it is an emergency, I/we hereby give permission to the attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery for my safety.

I/we, the undersigned, have read this release and understand all its terms. I/we execute it voluntarily and with full knowledge of its significance. I/we have executed this release on this date indicated next to my/our names.

\_\_\_\_\_  
Signature of Participant Date