

**PLEASE READ THE FOLLOWING CAREFULLY. BY SIGNING BELOW, YOU
AGREE TO THE FOLLOWING WAIVER**

I hereby grant permission for my child to participate in the Ancram Summer Camp and acknowledge all rules, regulations, and directives of the program. I have received the parent handbook and will familiarize myself with the program guidelines. _____ **(Please initial).**

In consideration of the opportunity for my child or children to participate and/or their participation in any swim lessons, trips, events, contests, races, or other sport and non-sport activities of the Town of Ancram Summer Camp:

I assume, for and on behalf of my child or children, all risks and hazards incidental to such participation. I also recognize the difficulties and challenges involved in the outdoor sports programs and camps, and that my child is sufficiently physically and psychologically fit to participate and has not been advised otherwise by a physician.

I agree to indemnify and hold harmless the Town of Ancram, its employees and personnel from any and all claims, causes of action, liability for injuries or damages which may arise as a result of participating in this summer recreation program and its trips and activities, including, but not limited to, reasonable attorney's fees and the costs and disbursements of any legal actions. I do hereby waive, relinquish, release, discharge, and hold harmless from any and all liability, for any physical or mental injury or aggravation of any preexisting illness, handicap, death, loss of enjoyment, or any other harm or loss of nature which may be sustained by my child while participating in the summer recreation program. The scope of this agreement extends to any actions taken by the Town of Ancram recreation department, the Town of Ancram, its employees, personnel, volunteers, and the instructors of any class or activity in responding to any emergency and/or medical situation or event. I further agree that they may act in an emergency as best fits the situation in the event either myself or emergency contact cannot be timely reached.

Parent/Guardian signature _____ **Date** _____

Witness Signature _____ **Date** _____