TOWN OF CLARENCE RECREATION DEPARTMENT

GENERAL RELEASE

(PLEASE USE A SEPARATE FORM FOR EACH PARTICIPANT)

	undersigned, residing at	(hereinafter the
"RELEASOR") hereby certify that I am participant) in _	the (parent or guardian of, a Town of Clarence recreationa	a participant) (a al activity.
In consideration of being permitted to part of the Town of Clarence and other value Clarence, and all Town Officers, Town Boards of the Town of Clarence, fire disexecutors, administrators, successors a actions, causes of action, suits, debts, covenants, contracts, controversies, age executions, claims, and demands what RELEASOR, RELEASOR'S heirs, exhereafter can, shall or may, have for, up any such participation or otherwise.	uable consideration the RELEASOR remployees, Town Agents, Boards of the stricts, fire companies, all ambulance cand assigns (hereinafter collectively referements, promises, variances, tresparts to every in law, admiralty or equity, variances, administrators, successors and	releases and discharges the Town of the Town and Board members of any companies and their respective heirs, ferred to as RELEASEE) from all eckonings, bonds, bills, specialties, asses, damages, judgments, extents, which against the RELEASEE, the and assigns ever had, now have or
I further agree to indemnify and hold for such participation or otherwise, the REL this release.	•	•
I also acknowledge that I am aware that any accident, personal injury or other in injury occurring to me during or in conceptation Department of the Town of Clarence sent of responsible for the supervision of the	nsurance which would protect me in the connection with the activities. I further erves as a catalyst for the organization of	he event of any accident, death, or er acknowledge that the Recreation of these recreational activities and is
This RELEASE, bearing the name of the F membership in the activity, even those ove practice or play any games		
I have read this release of liabilit understand that I have given up subs any inducement	•	•
Participant Name:	Phone:	
Participant Signature:	Date	e:
By checking this box, I/signed this waiver digitally.	/we, the releasor(s), acknowledge the	hat we have read, agreed to and