



Oak Island Recreation Activity Form

(Please Print Clearly)

Last Name: _____ First Name: _____ Middle Initial: _____

Male ☐ Female ☐ Birth Date: _____ Age: _____ (under 18 – parent signature required at signup*)

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Email address: _____

Medical Information:

Allergies: _____ Illnesses and/or Medical Conditions _____

Emergency Contact:

Name: _____ Phone: _____

Program Information:

Program Name: _____

I do hereby release the Town of Oak Island and the Oak Island Parks & Recreation Department, their staff, sponsors and representatives from any and all liability, and for any claims, demands or courses of action arising out of or by reason of the above activity for which I have registered.

I further state and affirm that I am aware of the fact that the aforesaid physical activity, even under the safest conditions possible, may be hazardous, that I assume the risk of any and all loss of damage to property and/or bodily injury, including death, however caused, resulting from, arising out of, or in any way connected with the aforementioned activity.

I represent that I am physically able to participate in this activity and have been advised by the Oak Island Parks & Recreation Department to consult with my physician prior to participation in this activity. I hereby agree to save harmless the Town of Oak Island, the Oak Island Parks & Recreation Department, its instructors, agents and representatives from and against any and all claims and liability and causes if action at law for loss, damage or injury (including death) to person and/or property arising or occurring as a result of participating in the aforementioned activity. I also give my permission for the free and unrestricted use of my name and picture in any broadcast or written account of the event/activity.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless the State of North Carolina, the North Carolina Department of Transportation, Brunswick County, Oak Island, their officers, officials, agents and/or employees, volunteers.

Signature: _____ **Date:** _____

***Parent Signature:** _____ **Date:** _____