

5AM

NOON

**Newport's BOOTCAMP Workout  
Program Registration Form {Feb 20-May 11, 2012} \$60.00**

**PARTICIPANT INFORMATION**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ Email (for updates) \_\_\_\_\_

Emergency contact \_\_\_\_\_

**WAIVER**

1) **General Release:** I hereby agree for myself and our respective heirs, assigns and legal Representatives, to indemnify, defend and hold the Town of Newport, Newport Recreation Department and its officers, directors, board members, employees, volunteers, agents, and other participants in the program harmless from any and all claims and causes of action of any nature, for any and all personal injury or illness, which may occur to me or which may be aggravated during or by any activity during the course of the program in which I have decided to allow myself to engage. I further waive any and all claims or causes of action, which I may now or hereafter have against Releases which may at any time arise as a result of any act or thing occurring in or arising out of my participation in the program. I further expressly understand and agree the foregoing indemnity, release and waiver is intended to be as broad and inclusive as permitted by the law of the State of New Hampshire and that any portion thereof is held invalid if it is agreed that the balance shall, notwithstanding continue in full force and effect.

2) **Assumption or Risk:** I, expressly and specifically assume any and all risk of injury, illness, death, or property damage resulting from Newport Rec activities. You assume the risks: I understand that Newport Rec activities are strenuous and dangerous and should be engaged in only persons in good health. I understand that I should consult a physician before enrolling myself in this program. Once you sign, you are saying that you understand the risks involved and accept all of the risks.

3) **Medical Release:** I further hereby release the Newport Recreation Department from any claim whatsoever which may arise as a result of any first aid, treatment, or services or assistance provided to me in connection with any injury that arises from activities at the Newport Recreation Department. A) I take full responsibility for my welfare and safety at NRD activities B) I hereby give permission for emergency medical treatment to be administered as deemed appropriate.

4) **Insurance:** You are expected to have your own health insurance: You should understand the Town of Newport and the Newport Recreation Department does not carry insurance to cover injuries and losses that may befall you.

5) **Photographic release:** I consent to be photographed and to allow the Newport Rec Department and Beth Rexford Photography use of photos at its sole discretion.

Having read, understood, and agreed with these terms, I have executed this release, to be effective immediately.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date