**Annual Old Home Days** **Moore’s Pond Boat Parade**

**REGISTRATION Form**

*Sponsored by the Moore’s Pond Beach Committee*

Boat Owner’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Boat Driver’s

Name (if different from above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_Youth (18 & under) Age\_\_\_\_\_\_ \_\_\_\_\_\_Adult

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

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_

Year of parade\_\_\_\_\_\_\_\_\_\_\_

(Please sign *Waiver and Release* on the reverse side.)

**Waiver and Release for**

**WARWICK OLD HOME DAYS BOAT PARADE.**

*Must be completed prior to the parade.*

**Waiver and Release**: Recognizing the risk and possibility of injury associated with participation in this event sponsored by the Moore’s Pond Beach Committee offering this event for no fee and accepting participants into the event, participant and if a minor participant’s parent/guardian on behalf of themselves, participant’s heirs, successors, administrators and assigns do hereby waive, release, discharge and /or otherwise indemnify and hold harmless the town of Warwick, Ma, Moore’s Pond Beach Committee and the Old Home Day committee and all other agents of these entities including all co-sponsors of the event and all of the cosponsors employees and all volunteers who make the event possible from any and all claims for bodily injury or otherwise which exist or may arise by virtue of participant’s participation in the event. This waiver and release is effective and binding upon the participant, the participant’s heirs, successors, administrators and assigns. Participant Certifications: Participant or if a minor participant’s parent/guardian herby certify that participant is physically fit and capable of physically participating in this event and that the participant has the requisite physical skills and abilities to safely participate in this event and that allowing the participant to participate in this event will not expose participant or others to a risk of physical and /or mental harm. If participant is a minor, the undersigned parent/guardian of participant expressly authorizes participant to participate in this event.

**Medical treatment authorization**: If participant receives an injury while participating in this event, participant or if participant is a minor, participant’s parent/guardian authorize the agents or employees of the town of Warwick, Ma, Moore’s Pond Beach Committee and the Old Home Day committee to consent to whatever treatment is medically necessary and hereby release the town of Warwick, Ma and the Moore’s Pond Beach Committee and the Old Home Day Committee and the consenting employees and / agents and all sponsors and volunteers from any and all claims arising out of the medical care provided to participant to treat participant’s injuries. Permission is also given to provide transportation of participant to the nearest medical/dental treatment facility for emergency care, although this form does not guarantee that any treatment will be rendered to participant as each facility sets its own protocols for treatment.

IN ADDITION TO THE WAIVER AND RELEASE SET FORTH ABOVE, PARTICIPANT AND IF PARTICIPANT IS A MINOR, PARTICIPANT’S PARENT/GUARDIAN FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS THE TOWN OF WARWICK, MA AND THE MOORE’S POND BEACH COMMITTEE AND THE OLD HOME DAY COMMITTEE AND EMPLOYEES AND ALL SPONSORS AND VOLUNTEERS FROM ANY AND ALL CLAIMS FOR LIABILITY AND ANY AND ALL ASSOCIATED CLAIMS OR DEMANDS FOR ATTORNEY FEES, LOSSES, DAMAGES OR COSTS WHICH THE BOAT PARADE AND EMPLOYEES AND ALL SPONSORS AND VOLUNTEERS MAY INCUR DUE TO CLAIMS OR LAWSUITS FILED AGAINST THE TOWN OF WARWICK, MA AND THE MOORE’S POND BEACH COMMITTEE AND THE OLD HOME DAY COMMITTEE AND EMPLOYEES AND ALL SPONSORS AND VOLUNTEERS ARISING OUT OF OR RELATING TO PARTICIPANT’S PARTICIPATION IN THIS EVENT UPON WHATEVER BASIS A CLAIM OR LAWSUIT ARISES.

In signing this event waiver and release I certify that I have fully read this waiver and release or that it has been read to me, that I fully understand the terms and conditions of this document, that I have had adequate time to review this event waiver and release with an attorney of my choosing; that I understand the execution of this event waiver and release means that I am giving up substantial legal rights and assuming substantial legal responsibilities and that I am fully capable of executing this event waiver and release on my own behalf or on behalf of the minor on whose behalf I am signing this event waiver and release and that I do so voluntarily.

**Participants Name** (printed)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_

**Participants Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_**

If Minor: Parent or Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_