

Windsor Locks Park and Recreation

Office Use
Date _____
Cash / Check # _____
\$ _____

**Muscles in Motion**

\$50.00 per 8-week session

PARTICIPANT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ ALTERNATE PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

Please list any medical problems, allergies or special assistance that staff should be made aware of regarding your child as a participant in this program:

\_\_\_\_\_

\_\_\_\_\_

**I certify that the above information is true:**

\_\_\_\_\_  
(PARTICIPANT'S SIGNATURE) (DATE)

**LIABILITY WAIVER**

Know that I, \_\_\_\_\_, agree to participate in the Town of Windsor Locks **Muscles in Motion Program**. In consideration for my ability to participate in the **Muscles in Motion Program**, I agree, to the fullest extent permitted by law, to defend, indemnify and hold harmless the Town of Windsor Locks Parks and Recreation Department, it's employees, agents and volunteers, from any injuries or damages caused by or resulting from participation in the Town of Windsor Locks **Muscles in Motion Program**.

**I certify that the above statements are true:**

\_\_\_\_\_  
(PARTICIPANT'S SIGNATURE) (DATE)