

LINCOLN RECREATION DEPARTMENT
LINCOLN KIDS TRIATHLON REGISTRATION FORM

**FORMS MUST BE FILLED OUT COMPLETELY.
A SEPARATE FORM IS REQUIRED FOR EACH PARTICIPANT.**

Participant Name: _____ Gender: _____ Age: _____ DOB: _____

Parent/Guardian: _____

Address: _____ Town/Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Special Concerns: _____

Allergies: _____

Emergency Contact: _____ Phone: _____

Parent willing to volunteer? Y / N If yes, Name: _____ Phone: _____

I, the undersigned, as a legal adult or parent/legal guardian of a minor, do hereby consent to my/my child's participation in voluntary athletic or recreation programs of the Town of Lincoln. I also agree to forever release the Town of Lincoln, the Lincoln Recreation Committee, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs of the Town of Lincoln from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to myself/my child or property damage resulting from my/my child's participation in the Town of Lincoln's voluntary athletic or recreation programs. I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to myself/my child or property damage resulting from my/my child's participation in the Town of Lincoln's voluntary athletic or recreation programs. I further affirm that I have read this Consent and Release Form and that that I understand the contents of this Form. I understand that my/my child's participation in these programs is voluntary and that I/my child are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow myself/my child to participate in the Town of Lincoln's athletic or recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage I/my child may suffer in voluntary Town of Lincoln athletic or recreation programs.

Parent Signature: _____ Date: _____

MAIL THIS FORM W/ PAYMENT (Payable to the **TOWN of LINCOLN**) TO: LINCOLN REC. DEPT, BOX 6353, LINCOLN, MA 01773

For office use only:

Date:

Amount:

Check # :