

**WAIVER RELEASE FORM**

**PLEASE PRINT**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

ADDRESS: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

TOWN/CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**FOR ADULT INDOOR SPORTS**

I waive and release any and all rights and claims for damages I may have against the Town of Westport or the Parks and Recreation Department; and its representatives, successors and assigns, for any and all injuries suffered by myself at the activity sponsored by these groups. I understand there is inherent risk associated with this activity and authorize emergency medical treatment and transportation in my absence.

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

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