



CUMBERLAND PARKS & RECREATION

4097-DIAMOND-HILL-ROAD
CUMBERLAND, RHODE ISLAND 02864

ADULT - REGISTRATION FORM

PROGRAM/ACTIVITY: _____

NAME OF PARTICIPANT: _____

ADDRESS: _____

DATE OF BIRTH: _____ AGE: _____

HOME PHONE: _____ WORK PHONE: _____

E-MAIL ADDRESS: _____

DO YOU HAVE ANY MEDICAL PROBLEMS THAT THE RECREATION
DEPARTMENT SHOULD BE AWARE ? _____ PLEASE EXPLAIN: _____

IN CONSIDERATION OF GRANTING PERMISSION TO PARTICIPATE IN THE
CUMBERLAND RECREATION DEPARTMENT'S ACTIVITIES, I HEREBY FOR
MYSELF, MY HEIRS, EXECUTORS, AND ADMINISTRATORS WAIVE AND
RELEASE ANY AND ALL RIGHTS AND CLAIMS OF DAMAGES I MAY HAVE
AGAINST THE TOWN OF CUMBERLAND, THE RECREATION DEPARTMENT,
THEIR AGENTS, REPRESENTATIVES, AND ASSIGNS FOR ANY AND ALL
INJURIES SUFFERED BY MYSELF WHILE PARTICIPATING IN SAID
PROGRAMS.

SIGNATURE OF PARTICIPANT: _____

DATE: _____