
SWANTON RECREATION COMMISSION

16 JEWETT STREET
PO Box 332
SWANTON, VERMONT
05488
1-802-868-2493
WWW.SWANTONREC.ORG

SNOWSHOE SIGN-OUT

NAME: _____

HOME PHONE: _____ WORK PHONE: _____

ADDRESS: _____

EMAIL ADDRESS: _____

NUMBER OF PARTICIPANTS/SNOWSHOES: _____

ADULT: _____ YOUTH: _____

SIGN-OUT DATE: _____

DATE TO BE RETURNED: _____

I/WE UNDERSTAND THAT THERE ARE RISKS OF PHYSICAL INJURY INHERENT IN SPORTS AND RECREATION ACTIVITIES AND I/WE HEREBY, WAIVE, RELEASE, ABSOLVE, INDEMNIFY, AND AGREE TO HOLD HARMLESS THE SWANTON RECREATION COMMISSION, THE ORGANIZERS, SPONSORS, SUPERVISORS AND PARTICIPANTS FOR ANY CLAIM ARISING OUT AN INJURY TO MY/OUR CHILD, OR MYSELF WHETHER THE RESULT OF NEGLIGENCE OR ANY OTHER CAUSE.

SIGNATURE: _____

DATE: _____

ID PHOTOCOPIED: _____