

Registration Form Woburn Adult Evening School

Please Complete ALL information below. Please Print Clearly.
 You may pay by check or cash.
 Send one form per person please.

Last Name _____ First Name _____

Street Address _____ Town/City _____ Zip _____

Home Phone _____ Work/Cell Phone _____

Email _____ Birthdate _____

Name of Class	Start Date	Amount*
Total*		

Make Check payable to WOBURN RECREATION DEPARTMENT.

Mail to Woburn Recreation Department, 10 Common St., Woburn MA 01801 (ATTN: Rec Dept.)

If paying by check, please fill in the amount \$ _____ and check # _____
 (If paying cash just fill in the amount)

I/We, the undersigned father, mother or guardian(circle) of _____(name of student), a minor, do hereby consent to my child's participation in Voluntary Recreation Programs of the City of Woburn(hereinafter "the City"). I/We also agree to forever RELEASE the City, a municipal corporation of the Commonwealth of Massachusetts, and all its employees, officers, agents, board members, volunteer and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs of the City(the Releasees") from any and all claims, actions, rights of action and causes of action, damages, costs, loss of services, expenses, compensation and attorneys' fees that may have arisen in the past, or may arise in the future, directly or indirectly, from known and unknown personal injuries to my child or property damage resulting from my child's participation in the City's Recreation Programs which I/we may now or hereafter have as the parent(s) or guardian(s) of said minor child and which said minor child has or hereafter may acquire, either before or after reaching majority. I/We also promise, to INDEMNIFY, REIMBURSE, 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 maybe asserted in the future, directly or indirectly, including damages, costs and attorneys' fees, arising from personal injuries to my child or property damage resulting from my child's participating in the City's voluntary Recreation Programs or administration of first aid. I/We further affirm that I/we have read this Consent, Release from Liability and Indemnity Agreement, and that I/we understand the contents of this Agreement. I/We understand that my child's participating in these programs is voluntary and that my child and I/we are free to choose not to participate in said programs. By signing this Agreement, I/we affirm that I/we have decided to allow my child to participate in the City voluntary Recreation Programs with full knowledge that the Releases will not be liable to anyone for personal injuries and property damage my child or I/we may suffer in voluntary City Recreation Programs.

Signature: _____

**Any questions contact the Recreation Office at 781-897-5805 or email
 bnagle@cityofwoburn.com**