

**Island Recreation Board  
RELEASE FORM**

On behalf of myself, my Personal Representative, heirs and assigns, I agree and acknowledge that I am participating in the Island Recreation Board sponsored activity listed below of my own accord. I give this acknowledgement freely and knowingly and I represent and warrant that I am physically and mentally fit and that, as a result, able to participate , and I do hereby assume all responsibility for my well-being.

I am fully aware that injury might occur to me as a result of my participation and I agree to assume all risk, including risk which is not specifically foreseeable, of any injuries, including death, damages or loss regardless of severity, which I may sustain as a result of participation in this event against the Towns of Stonington and Deer Isle, the Island Recreation Board and its respective members, Selectmen, Town Manager, officers, employees, staff and all individuals assisting in instructing, chaperoning, participating in and conducting these activities, individually and collectively, and I hereby fully release and discharge them and each of them, from any and all claims resulting from injuries, including death, damage or loss, which I sustain arising out of or in anyway connected with my participation in this activity. Specifically, I hereby release the Towns of Stonington and Deer Isle and the Island Recreation Board and its respective members and trip chaperones from their own acts of negligence as respects this Island Recreation Board activity.

I agree to indemnify, defend and hold harmless the towns of Stonington and Deer Isle and the Island Recreation Board and its respective members and any other sponsors or chaperones from any and all claims that result from injuries, including death, damage or loss, which I may sustain arising out of or in any way connected with my participation in this Island Recreation Board activity and shall indemnify, defend and hold harmless the Towns of Stonington and Deer Isle and the Island Recreation Board and its respective members and trip chaperones from their own acts of negligence arising out of or in any way connected with this activity.

I agree that the Island Recreation Board expects me to behave appropriately and in a sportsmanlike and courteous manner. Inappropriate behavior could jeopardize my future participation.

I agree that the Island Recreation Board strongly recommends that I wear appropriate safety gear on all Island Recreation Board sponsored activities.

Activity: ELLSWORTH YMCA SWIM TRIP      Activity Date: FEBRUARY 7, 2009

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Participant (if 18 or older): By my signature below I agree to all terms set forth in this release form and I hereby authorize that emergency medical treatment, if required, be administered to me.

Parent/Guardian (if participant is under 18): By my signature below I agree to all terms set forth in this release form and I hereby authorize that emergency medical treatment, if required, be administered to my child/participant if I cannot be contacted.

Signed: \_\_\_\_\_  
**Participant Signature (if 18 or older)**

Signed: \_\_\_\_\_  
**Parent/Guardian Signature (if participant is under 18)**