



Lincoln—Woodstock Recreation Department



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ADULT PROGRAM REGISTRATION FORM:

(Please Print)

Name: _____ Date of Birth: _____

Mailing Address: _____ Town: _____ Zip Code: _____

Physical Address: _____ Town: _____ Zip Code: _____

Email Address: _____ How often do you check email?: _____

Home Telephone Number: _____ Work Phone: _____

Emergency contact name: _____ Phone #: _____

Do you currently participate in an organized sport or regular athletic activity? Is so, what activity and how often?

How would you describe your current state of physical fitness: (please circle)

Excellent Above Average Average Below Average Poor

When was your last complete physical? _____

Please list any medical conditions (including any medicines you may be allergic to): _____

DO NOT SIGN THIS CONTRACT UNTIL YOU HAVE READ ALL OF IT!

The Lincoln-Woodstock Recreation Department strongly recommends that you consult a doctor before beginning any new exercise program.

STATEMENT AND RELEASE

I certify that I am at least eighteen years old or am securing permission from a guardian to engage in this exercise program
AT MY OWN RISK.

I have been advised that I should not engage in an exercise program without a full medical examination and the advice of a physician. I state that I have either had such an examination and that there is no medical reason why I should not exercise OR that I have chosen to proceed without such an examination AT MY OWN RISK.

It is further expressly agreed that all exercise shall be undertaken by me at my sole risk and that the Lincoln-Woodstock Recreation Department and their servants, agents, employees or participants shall not be liable for any claims, demands, injuries, damages, actions or causes of action, whatsoever, to my person or property arising out of or connected with the use by me of the services and facilities where the program takes place. I hereby pledge for myself, my heirs, executors or administrators to waive and release all rights and claims for damages I may have against the agency.

Your Signature

Date

(Guardian, if under 18 years of age)

Date