



**Thomaston Recreation Commission**  
c/o Town Hall 158 Main St. Thomaston, CT 06787  
(860) 283-6927

CHILD WAIVER FORM

NAME OF CHILD \_\_\_\_\_ GENDER \_\_\_\_\_

NAME OF PARENT(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ ACTIVITY \_\_\_\_\_

GRADE \_\_\_\_\_ AGE \_\_\_\_\_

FEE \_\_\_\_\_

MEDICAL INSURANCE AND NO. \_\_\_\_\_

ANY MEDICAL PROBLEMS? \_\_\_\_\_

I hereby give permission for \_\_\_\_\_

To participate in the above activity and agree that he/she will abide by all the rules and regulations of the facility/area and /or the Thomaston Recreation Commission, it's designated officers and agents.

In case of accident or illness, please contact \_\_\_\_\_

\_\_\_\_\_ at (phone) \_\_\_\_\_

My family physician is \_\_\_\_\_

In the event of an accident or injury, I hereby waive liability, as parents and guardian of the above child, for the Town of Thomaston, the Recreation Commission and their agents or employees, and will hold harmless. I understand that there is no medical insurance being provided by the Town of Thomaston or the Thomaston Recreation Commission.

DATED \_\_\_\_\_ SIGNATURE \_\_\_\_\_