

Town of Lincoln

Community Programs Registration Form

63 Main St. Lincoln, Maine 04457 (207)794-3372 www.lincolnmaine.org

Please note that all Department of Inland Fisheries Education Classes have a \$5.00 processing fee per enrollment.

Name:	Birth date:	Phone:	Town:
Address:	Cell:	Email:	
Contact #1	Relation:	Phone:	
Class or Program:	Fee:	Notes:	

Please note that the Town of Lincoln may take photographs at classes for use on the Town website and for promotion of the program. If you have concerns, please speak with the Town Clerk or Community Events Coordinator. All cancellations will be announced via the Town Website at www.lincolnmaine.org.

Medical Considerations (detail any pre-existing conditions that may prohibit mobility):

As a participant, I am aware of the physical risks involved in these programs. I assume sole responsibility for my physical condition. I assume **full financial responsibility for any medical costs resulting from participation** in these programs. I also release and forever discharge the Town of Lincoln, its employees, agents, members, promoters and affiliates from any and all liability, claim, loss, cost or expense, and waive and promise not to sue on any such claims against any such person or organization, arising directly or indirectly from or attributable in any legal way to any negligence, action or omission to act of any such person or organization in connection with the above program, including travel to and from such program, in which I may take part in as a competitor, player, team member, participant or spectator.

I agree to the established rules and discipline associated with this programs exercising good sportsmanship. I further agree to maintain in good condition and return all equipment that maybe issued to me **or be financially responsible for all items not returned. I will also assist in the keeping the facility clean picking up my own area.** I authorize Town of Lincoln and its coaches, through a physician of their choice, **to provide access to any emergency medical care** that may become reasonably necessary during the course of an emergency.

Participant Signature

Date

Printed Signature

Clerk Initials