



Adult and Family Programs

Only one form per family, please. PLEASE PRINT.

Family Last Name: _____

Adult 1: _____ Relationship to children attending _____

Adult 2: _____ Relationship to children attending _____

Permanent Address: _____
Street City State Zip

Local Address: _____
Street City State Zip

Phone:(day) _____ (evening) _____ (cell) _____

(email) _____

Participant Name (first/last name of EACH Person)	Birthdate	Age	Gender
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PERMISSION AND INDEMNITY

I give permission for all persons named above, to participate in any and all Squam Lakes Association program activities, including day trips and overnights. I understand that these activities will include automobile travel, boating, hiking, sailing, swimming, team sports, climbing wall, rock climbing and other activities which create some risk of injury.

In consideration of the opportunity for my aforementioned family to participate in program activities, I, release the Squam Lakes Association, its employees, volunteers, directors and officers, and the owners and operators of vehicles and water craft and the owners and lessees of land where program activities occur, from all liability for any personal injury, bodily injury, property damage, and loss of any kind (including attorney’s fees) occurring to my family in connection with mine and my children’s participation in program activities. I also agree to indemnify the same persons and organizations from all liability for any personal injury, bodily injury, property damage, and loss of any kind (including attorney’s fees) caused to anyone by myself or my children.

Please initial Adult 1: _____
Please initial Adult 2: _____

PARENT/ GUARDIAN ASSUMPTION OF RESPONSIBILITY

I hereby certify that my family, named above, has no limitations which would preclude our participation in the Squam Lakes Association program activities.

Please initial Adult 1: _____
Please initial Adult 2: _____

MEDIA RELEASE

I authorize and consent to the use of photos / videos taken of my family without present or future compensation in newspapers, newsletters, and the website or in other ways to inform the public about the Squam Lakes Association.

Please initial Adult 1: _____
Please initial Adult 2: _____

Signature _____ Date _____

Signature _____ Date _____