TOWN OF VAN BUREN
PARKS AND RECREATION DEPARTMENT

7350 Canton Street, Baldwinsville, NY 13027
(315) 638-4727, weekdays

PROGRAM REGISTRATION FORM

NAME: _____ AGE: _____
(if under 21)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAY PHONE: _____ EVENING PHONE: _____

EMAIL: _____

CLASS NAME(S): **FEE:**

_____ _____

_____ _____

TOTAL = _____

REFUND POLICY: Refunds for participant cancellations will be given up until five business days prior to the beginning of the program. **Absolutely no refunds will be issued after that point.** Any refunds will be MINUS a $10.00 administrative fee for each cancellation. In the event this department cancels any program, **full** refunds will be given. No refunds will be issued for programs running one day only (except in the case of department cancellation), unless we receive notice from the participant at least five (5) business days in advance of the program date. We also do not issue refunds for program cancellations due to weather conditions; in this event, we will do our best to re-schedule the program.

We reserve the right to cancel or combine classes if necessary.

PARTICIPANT (if over age 18) OR PARENT, PLEASE SIGN BELOW!

I am aware of the inherent dangers of the program(s) being registered for and warrant that I am / my child is in good physical condition. I understand that no medical insurance is included as a part of any program, and agree not to hold the **TOWN OF VAN BUREN** liable for any injury arising out of participation in this program.

_____ _____
PARTICIPANT (if over 18) OR PARENT SIGNATURE DATE

******* Please make sure to download and fill out the "Assumption of Risk and Liability Waiver." You will be unable to participate without a signed form.***

MAKE CHECKS PAYABLE TO: **TOWN OF VAN BUREN** **(Mail to address at top of page)**

(Any checks returned for insufficient funds will be charged **$20.00** for processing by the Town of Van Buren.)

** **OFFICE USE ONLY** **

Amount Paid: _____ Check _____ Credit Card # _____

Name on Card _____ Exp Date _____ CVV # _____

*** A user fee of 2.75% + $0.61, of your total transaction, will be added. We accept Visa, Mastercard and Discover**

Receipt#:_____ Date:_____ Resident_____ Non-Resident_____

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The Town of Van Buren Recreation Department ("the Town") has put in place preventative measures to reduce the spread of COVID-19; however, the Town cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the Town's programming could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Town's programming and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Town's programming may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Town employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance or participation in Town programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Town, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Town, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Town program.

_____

Signature of Parent/Guardian **Date**

_____

Print Name of Parent/Guardian **Print Name of Participant(s)**

***** Please also be aware that all Town of Van Buren classes will require social distancing, a mask and temperature checks. If you decide not to comply with the guidelines, you will be asked to leave the class without a refund. Please understand that this is for the safety of all participants and our instructors.**