



TOWN OF PRESTON
TOWN OFFICES
389 ROUTE 2
PRESTON, CONNECTICUT 06365-8830

**Town of Preston and the
Preston Senior Affairs Committee
Liability Waiver**

I, _____ am in proper health and have the approval of my physician to participate in the following activity _____.

I have a clear understanding of the risks and hazards inherent in this activity. I hereby agree to release hold harmless, and covenant not to sue, the Town of Preston, their officers, employees, volunteers, committees and boards, from and against any and all liability, loss, damages, claims or actions including court costs and attorney fees, for bodily injury and property damage to the extent permissible by law.

In the event that I become incapacitated while participating, the Town of Preston personnel, Preston Senior Affairs Committee representative and/or volunteer coordinator may authorize emergency medical treatment as deemed necessary by attending medical personnel.

Name of Emergency contact: _____

Telephone/cell phone number of designated emergency contact: _____

Signature of participant: _____

Address: _____

Date: _____

Adopted: 05/03/16