



TOWN of DOVER

Recreation Department

Summer Virtual Program Registration

**** Email Registration and Hold Harmless Form to lnewkirk@dover.nj.us****

Please print clearly

PARENT NAME: _____

CHILD'S NAME: _____

ADDRESS: _____

PHONE: _____ CHILD'S DATE OF BIRTH: ____/____/____ AGE: _____

MALE FEMALE GRADE _____

PARENT EMAIL: _____

(Please print clearly)

The Town of Dover Recreation Department will host a summer virtual program with activities being posted on the Town of Dover's Recreation Facebook page 3 days a week - Monday, Wednesday, and Friday starting on Monday, July 20th through Friday, August 14th. Please review each activity and take notice that some activities will require parental assistance. Parent will be asked to provide photographs of your child(ren) participating in these activities that will be posted on the Town of Dover's Recreation Facebook page. Your child's photo, along with their first name and age will only be posted. Please be sure to review the Hold Harmless form for consent to publish your child's photograph.

I/WE, the parents of the above-named candidate, hereby give my/our permission to his/her participation in the virtual summer program activities. I/WE assume all risks and hazards incidental to such participation in the activities; and I/WE shall defend, indemnify, protect and save harmless the Town of Dover, Dover Recreation Department, Boards, agents, officials, employees, volunteers, invitees or guests each and every one of them, against all claims occurring as a result of incidents from the Town of Dover Recreation Virtual Summer Program or through participation in a program organized or sponsored by the Town of Dover or any of its Commissions or Boards, just or unjust, made against the Town of Dover, its Commissions, Boards, agents, officials, employees, or volunteers, on account of injuries, deaths, losses of any kind whatsoever, damages, suits, liabilities, judgments, costs and expenses which may in any way accrue against the Town of Dover, its Commissions, Boards, or volunteers, in consequence of the participation in whatever capacity of the above named candidate whether or not it shall be alleged or determined that the cause thereof was the negligence, acts or commission of the Town of Dover, its Commissions, Boards, agents, officials, employee, or volunteers or of other persons, and the undersigned shall at their own expense, appear, defend and pay all charges of attorneys and all costs and other expenses arising there from or incurred in connection therewith, and at their own expense satisfy and discharge any judgments rendered against the Town of Dover and the Dover Recreation Department.

X _____
(Parent / Guardian Signature)

_____/_____/_____
(Date)



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RELEASE/WAIVER AND INDEMNIFICATION AND HOLD HARMLESS AGREEMENT DOVER RECREATION SUMMER VIRTUAL PROGRAMMING

The undersigned hereby agree as follows:

Section 1. Release. I/We and our heirs and assigns in consideration of the participation of our son/daughter in the Dover Recreation Department Summer Virtual Programming, the "Program," hereby release the Town of Dover, the Town of Dover Recreation Department, employees, volunteers, agents and elected officials, and any other persons officially connected with the program, from any and all liability for damage to, or loss of, personal property, sickness or injury from whatever source, legal entanglements, imprisonment, death, or loss of money which might occur while our son/daughter is participating in this program. I/We are aware of the risks of participation which include, but are not limited to, the possibility of injury from participating in various activities conducted by the program, arts and crafts, weather-related injuries, injury from outside persons or forces, loss of personal property or theft or personal property. I/We understand that participation in this program is strictly voluntary and I/we freely choose to allow our child, _____, to participate. I/We understand that neither the Town of Dover nor the Dover Recreation Department provides medical coverage for my/our child and I/we hereby verify that I/we will be responsible for any medical costs I/we incur as a result of my/our child's participation in this program.

Section 2. Indemnification and Hold Harmless. In consideration of my/our child's participation in the Dover Recreation Department Summer Virtual Programming, I/we hereby agree that I/we will indemnify and hold harmless the Town of Dover and the Town of Dover Recreation Department, employees, agents, elected officials, volunteers, and any other person officially connected with this program from all costs and expenses and all losses which may be incurred by me son's/daughter's participation in this program, including but not being limited to reasonable attorney's fees.

Section 3. Consent for Photograph. I/We understand that the Dover Recreation Department will request photographs from parents of their child(ren) participating in the summer virtual programming and such photographs may be posted on the Town of Dover's social media pages at the sole discretion of the Town to promote the program and to communicate with the community the good works and fun enjoyed by our child/children in this program. Photographs the Town posts to social media will be removed at the sole discretion of the Town. Only the first name and age of the child(ren) will be posted. I/We hereby give permission for the use of such photographs by the Town of Dover or Dover Recreation Department.

Section 4. My signature indicates my understanding of every section of this Indemnification and Hold Harmless Agreement. It also indicates that if I/We needed this document translated into another language, that we did so and it was translated to our satisfaction. Further, I acknowledge and understand that I/We had the right to have this document reviewed by an attorney of our own choosing at our own cost and have either done so or knowingly and willingly waive that right.

Name of Child _____

Child's Age _____

Parent or Guardian 1 _____
Print Name

Signature

Parent or Guardian 2 _____
Print Name

Signature

Date: ____ / ____ / ____