

# Boonton Township Recreation Release & Waiver of Liability and Indemnity Agreement

Today's Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Emergency contact phone #(\_\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_

## Medical Information: (please use back of form, if more room is needed)

Health History (Check): \_\_\_Diabetes \_\_\_ Convulsions \_\_\_Heart Disease \_\_\_Asthma

\_\_\_Fainting \_\_\_Allergies \_\_\_ Other (please specify on back of form)

## Are you experiencing any of the following symptoms?

- |  |     |    |
|--|-----|----|
| 1. Fever ( $\geq 100.4^{\circ}\text{F}$ )  | YES | NO |
| 2. Cough or shortness of breath  | YES | NO |
| 3. Sore Throat   | YES | NO |
| 4. Chills  | YES | NO |
| 5. Muscle aches or rigors  | YES | NO |
| 6. Headache  | YES | NO |
| 7. New loss of taste or smell  | YES | NO |
| 8. Abdominal pain, nausea, vomiting or diarrhea  | YES | NO |
| Have you had close contact with someone who is currently sick?   | YES | NO |
| Have you been diagnosed with COVID-19 in the past three weeks or have reason to believe you have COVID-19? | YES | NO |
| Have you traveled or had close contact with anyone who has traveled internationally in the last 14 days?   | YES | NO |

If you took your temperature this morning, what was the reading? \_\_\_\_\_

## Parental/Guardian Permission

I, hereby give my approval for participation in all Boonton Township Recreation Department activities including but not limited to Boot Camp with Endurance Train and assume all risks and hazard incidental to such participation, including medical treatment, and hereby agree to waive release, indemnify and to hold harmless the Township of Boonton and its officers, coaches, sponsors, Endurance Train, LLC and other participants from liability, damage or claim, whether the result of negligence or other cause, except to the extent and in the amount covered by medical insurance obtained for and on behalf of the Township of Boonton and/ or Endurance Train, LLC.

Signature \_\_\_\_\_ Date \_\_\_\_\_