

Gilford Parks & Recreation Department
2021 Adult Snowshoeing Registration

Participants Name _____

Address _____

City _____ State _____ Zip _____

Telephone # _____ E-Mail _____

Please list any medical/health problems _____

Hikes will be held Tuesday mornings as weather and participation allows.

***Snowshoes available for those who need them, but there is a limited supply/sizes.**

Release of Liability

By signing below, I am accepting the assumed risk to participate in the 2021 Adult Snowshoe Program sponsored by the Gilford Parks and Recreation Department. I verify that I am at least 18 years of age. I understand that my photo may be taken during the course of the program to be used for promotional purposes or to be displayed on the Parks and Recreation Department's website. I understand that snowshoeing is a physical activity with inherent risks that may result in death, hypothermia, frostbite and injuries including but not limited to; paralysis, muscle pulls and strains, broken bones, sprains, cuts, scrapes and bruising. I also understand that participating in the Adult Snowshoe Program may subject me to exposure to the COVID-19 virus. I accept all risks inherent to said activity and do hereby release the Town of Gilford, the Gilford Parks and Recreation Department and any of the staff, instructors or program volunteers assisting with this program from any liability arising out of any injury which may occur during the normal course of the above mentioned program.

Participant Signature

Date