

Gilford Parks & Recreation Department  
2021 Family Full Moon Snowshoeing Registration

Participants Name \_\_\_\_\_

Parent/Guardian (if participant under 18) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ E-Mail \_\_\_\_\_

Please list any medical/health problems \_\_\_\_\_

\_\_\_\_\_

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**Release of Liability**

By signing below, I am accepting the assumed risk for my/my child's participation in the 2021 Family Full Moon Snowshoe Program sponsored by the Gilford Parks and Recreation Department. I understand that my/my child's 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 and/or facebook page. 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 further understand that snowshoeing in the dark limits visibility and can increase the above mentioned risks. I also understand that participating in the Adult Snowshoe Program may subject me and/or my child 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, the Gilford School District, 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

\_\_\_\_\_  
Parent Signature if participant under 18 years old

\_\_\_\_\_  
Date