

**PRINT FORM AND RETURN TO**  
**The Litchfield Community Center**  
**421 Bantam Road**  
**P. O. Box 551**  
**Litchfield, CT 06759**

PARTICIPANTS NAME \_\_\_\_\_

GRADE \_\_\_\_\_ AGE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

PHONE \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

PHONE \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT \_\_\_\_\_

**HOLD HARMLESS**

I, being desirous of having my minor child participate in the programs sponsored by The Litchfield Community Center, hereby agree to hold harmless The Litchfield Community Center, its officers, agents and employees and anyone else associated with its programs from any loss, costs, expenses, injuries or property damage or liability whatsoever, in kind or nature which may arise from participation in the program. I also understand and agree that my own medical and/or disability insurance will be used in the event of an injury, and that if I have no such insurance I will be directly responsible for any medical costs whatsoever.

Participant \_\_\_\_\_ DATE \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ DATE \_\_\_\_\_

(If child is under 18 years of age)