

Parks and Recreation Dept.
TOWN OF SANDOWN
PO Box 642
Sandown, NH 03873
PHONE 603 887-1872 FAX 603 887-5163
Deb Brown, Recreation Director

Community Trip Release Form

Participant's Name (please print name) _____

Participants's Name (if spouse of above) _____

Date of Trip: NOVEMBER 18, 2011

I hereby accept responsibility for myself while attending the Sandown Recreation FOXWOODS RESORT CASINO Bus Trip. I release the Town of Sandown, their employees and volunteers from any accidental harm I may suffer. I authorize Sandown Recreation Department to administer emergency first aid and make any necessary emergency arrangements in my best interest. By my signature below I signify that I also understand that I need to follow all instructions for departure times of the bus and rules given by the trip sponsor. Failure to do so may mean I will be responsible for providing my own transportation back to Sandown at my own expense.

*Emergency Contact Person (name) _____

Phone _____

Relationship (relative/friend etc.) _____

Participant #1 Signature

Date

Participant #2 if Spouse. All others use
separate form even if traveling together.

Date

*In the event of emergency this is the person who will be notified.