



DAY PASS WAIVER

All guests to the Beede Center must read and sign this waiver prior to entry into the facility. By your signature below, you indicate that you have read the waiver and agree to the terms stated. If you are accompanied by children under the age of 18 you must print their name and initial it.

Town of Concord Recreation Division

Assumption of Risk and Waiver of Liability

Participation in this program may involve risk of injury. As a parent, guardian or participant, I am aware of these hazards and my ability to participate in the program(s) listed. I hereby for myself, my heirs, executors and administrators waive and release any and all claims of damage against the Town of Concord, its successors and assigns, employees, agents and representatives for any and all kinds of injury, including but not limited to personal injury and/or property damage suffered by my child, or myself, or my ward while participating in the activity. In addition, I give permission for my child(ren) to be treated by a qualified medical professional in the event I cannot be reached.

I, and everyone on the agreement, agree to abide by the rules and regulations of the Town of Concord, MA set forth by the Beede Swim & Fitness Center. I agree that all the information supplied here is accurate.

I hereby grant the Concord Recreation Department permission for photos to appear in center brochure, videos or other promotional literature, and authorization to contact for future membership opportunities.

DAY PASS PARENT/GUARDIAN/PARTICIPANT INFORMATION

Name		D.O.B.	M	F
Address	Town	Zip		
Home phone	Cell phone			
Email	Signature	Date		

ADDITIONAL DAY PASS PARTICIPANTS

Name	Relationship	D.O.B.	M	F	Initials
Name	Relationship	D.O.B.	M	F	Initials
Name	Relationship	D.O.B.	M	F	Initials
Name	Relationship	D.O.B.	M	F	Initials
Name	Relationship	D.O.B.	M	F	Initials