



SINCE 1844

# ROCKAWAY TOWNSHIP

65 MOUNT HOPE ROAD, ROCKAWAY, NEW JERSEY 07866

Rockaway Township Adult Exercise

## RELEASE FORM

(must be completed each time a new session begins)

Participant's Name (Print) : \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name/Phone #: \_\_\_\_\_

I, the participant of the Rockaway Township Adult Exercise Program, hold harmless Rockaway Township and its employees from any and all claims, judgments, damages, settlements and costs (including attorney's fees) arising from any injury I may incur while participating in the above referenced program.

I understand that I have on file, a medical authorization from my physician and have discussed with them my participation in the program. My physician's authorization shall be accepted as proof of my ability to participate in this activity.

\_\_\_\_\_  
 Signature Date

Please list the classes you would like to register for below:  
 \_\_\_\_\_