

CONSERVATION EDUCATION FIREARMS SAFETY COURSE

Danbury Parks & Recreation

New Fairfield Parks & Recreation **REGISTRATION FORM**

NAME :

Last _____ **First** _____

Address: _____

City: _____ **State:** _____ **Zip** _____

Phone: home _____ **cell:** _____

Email Address: _____

FOR MINORS ONLY:

DATE OF BIRTH: _____ **AGE:** _____

I, the undersigned, assume all risks and hazards incidental to such participation in the above mentioned City of Danbury, City of New Fairfield Parks & Recreation Departments activity; and I, hereby, waive, release, absolve indemnity and agree to hold harmless the City of Danbury and City of New Fairfield Parks & Recreation Departments and the program instructors, organizers, sponsors, etc. for any claim arising out of injury to myself/child. Participation is at my my/child's own risk. There is no medical coverage. I understand I must attend ALL CLASSES in order to receive course certification.

SIGNATURE _____

PARENT/GUARDIAN FOR MINOR _____

If you sign up and determine you will not be able to attend classes we ask you notify office so we can make your spot available to someone else. Thank you