

PELHAM PARKS AND RECREATION

6 Village Green, Pelham, NH 03076

Phone: 603-635-2721

Email: Recreation@pelhamweb.com

Fax: 603-508-3094

Chess Wizards

February 23-27, 2026

9am to 12pm

St. Patrick's Clubhouse 10 Main St. Pelham, NH 03076

Participant Release Form

Participant Name: _____ Age: _____ DOB (required): _____

Address: _____ Town: _____ State: _____ Zip: _____

Parent Names: _____ Home phone number: _____

Father's cell phone: _____ Mother's cell phone: _____

Email address: _____

This program poses limited risks to the participants. These risks may include but are not limited to bumps, bruises, cuts, abrasions, broken bones, concussions, heart attacks and even death. We advise that all those participating be in good physical condition. Any limitations regarding physical capabilities should be made known to the Pelham Parks and Recreation Department.

Participants should wear comfortable clothing that could be permanently stained. No prior knowledge or skills are required to take part in this program. Participants will be introduced to the basics of art using a new medium every week; supplies included other than sketchbook.

Please list any physical or other condition, medications the participant is taking, dietary restrictions, allergies, or other information which may be necessary and helpful to insure participants' health and safety:

I have read and understand the information provided above. I have noted any physical or medical conditions the participant has which might affect his/her participation. He/she meets the standards required for participation and will have the necessary equipment, if needed, which will be in good working condition. I assume all the risks normally incidental to the nature of this activity, including risks which are not specifically foreseeable. I will follow the rules and regulations provided by the activity leaders/coaches/supervisors.

I, the undersigned, hereby agree to release, indemnify, save and hold harmless the Town of Pelham, the Parks and Recreation Dept, its employees, agents, representatives, coaches, volunteers, from any and all liability, actions, causes of actions, debts, claims or demands of any kind for property damage or personal injury resulting from failure to obey safety regulations and directions of the activity leader or resulting from the exercise of judgment by the leader in good faith response to emergencies and exigencies which occur during the activity; provided, however, that nothing contained herein shall excuse any of the leaders to act with reasonable care for the safety of the participant during the course of the activity appropriate to the circumstance.

You have my permission to have a physician attend to me, if it is deemed necessary, during my participation in the above activity. Participation may be videotaped or photographed for the website.

Signed this _____ day of _____, 20____. _____
Signature of parent/guardian

In case of emergency, please contact:

Name: _____ Relation: _____

Town/City/State: _____ Telephone: _____