

# PELHAM PARKS AND RECREATION

6 Village Green, Pelham, NH 03076

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## Pelham Actors Guild – Adult Theatre

Proudly presents *"The Haunting of Hill House"*

Meet at Sherburne Hall or Town Conference Room inside Pelham Town Hall

### Participant Release Form

Participant Name: \_\_\_\_\_ DOB (required): \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Circle one: M F

This is a recreation level where participants will develop their talents in the theatre arts. **The program runs from September 6 through November 1, 2019 for adults. Space is limited; first come/first served. Production dates will be Friday/Saturday, November 1 and 2, at 7 pm and Sunday, November 3 at 2 pm. Rehearsals will be Sunday and Friday evenings (some additional evenings may be required) in Sherburne Hall, which is in town hall.**

This program may pose 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.

No prior knowledge or skills are required in order to take part in this program. adults will rehearse and plan for a production of One Slight Hitch (may change as dictated by group)! Build self-esteem and confidence in all public speaking situations.

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 of 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 or production of DVD's of the performances.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of participant

In case of emergency, please contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Town/City/State: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Please make checks payable to: Town of Pelham / \$35.00**