Pelham Parks and Recreation, 6 Village Green, Pelham, NH 03076 Phone: 635-2721 Fax: 508-3094 Email: Recreation@pelhamweb.com

## MOONLIGHT SNOWSHOEING HIKES

Pelham Parks and Recreation is offering the second annual Moonlight Snowshoeing Hike program supervised by Peggi and Mike Sawicki for families to share in this fun winter activity. This program is offered at E. G. Raymond Memorial Park, 35 Keyes Hill Road in Pelham starting at 6:30 pm. on Saturday, January 14, 2017. We hope to add additional dates but will need another volunteer to act as supervisor. Families are invited to rent snowshoes for the 1 mile hike; we must have a reservation with sizes one full week in advance. All children MUST be accompanied by their parent/guardian. There is no cellphone use at the park; groups MUST stay together! Course will be lit by candles; bonfire with hot chocolate and cookies to warm up and enjoy at the end.

Participant's Name:	Age (if under 18)	:DOB (require	d):
Additional participants in family:			
Address:	Town	State	Zip
Home Phone:	Cell phone :		
Parent names if under 18:			
Family Email Address (required): _			
place at Raymond Park in town. Parents own snowshoes or pay to rent them (rese Snowshoeing can pose a variet by the strenuous level of activity. These and even death. Because of the inherent physical condition. Any limitations regard leaders, Peggi Sawicki and Mike Sawicki.  Participants should wear weath Recreation hiking program. No prior know	outdoor winter hiking through the woods involving are expected to arrange for transportation to and erve 1 week ahead). Children MUST BE accompany of risks to those participating as a result of contrisks include but are not limited to bumps, bruises trisks and extensive physical activity involved in hilling their physical capabilities should be made known er appropriate clothing, hats, gloves and appropriate er condition, medications the participant is taking, compants' health and safety:	from the program for thems nied by an adult for all hikes act with any equipment, oth s, cuts, abrasions, broken bo iking, we advise that everyo own to the Pelham Parks and ate footwear during participa in this program.	selves and children. Bring your if under the age of 18. er participants, the ground and nes, concussions, heart attacks ne participating be in good I Recreation Department and the ation in the Pelham Parks and
affect his/her participation. He/she meet condition. I assume all of the risks norm the rules and regulations provided by the I, the undersigned, hereby agreemployees, agents, representatives, coac property damage or personal injury result judgment by the leader in good faith respontained herein shall excuse any of the lot the circumstance.  You have my permission to have	the eto release, indemnify, save and hold harmless thes, volunteers, from any and all liability, actions, ting from failure to obey safety regulations and directors to emergencies and exigencies which occur leaders to act with reasonable care for the safety of a physician attend to myself or my child, if it is eotaping or other photographs taken in which myself.	have the necessary equipme ing risks, which are not spec the Town of Pelham, the Par causes of actions, debts, cla rections of the activity leader during the activity; provided of the participant during the deemed necessary, during h	ent, which will be in good working ifically foreseeable. I will follow the sand Recreation Dept., its aims or demands of any kind for or resulting from the exercise of however, that nothing course of the activity appropriate is/her participation in the above
Executed this day of	, 20		
	Signature	:	
In case of emergency and the parents/gu	ardians cannot be reached, please contact:		
Name:	Relation		
Town/City/State	Relation Telephone		
COST PER PARTICIPANT: \$15 - Checks Snowshoes available ONLY for those who	payable to Town of Pelham for rental of snowshoreserve them 1 week ahead!	es. No charge if participant	brings their own shoes.
SNOWSHOE RENTAL (check one or numb	per needed for each): under 120 lbs	120-180 lbs	over 180 lbs.
FOR OFFICE USE: individ	ual family fee paid	check/receipt	MC VISA