

Office Use Only
Ck# _____
Date: _____

Drumming Workshop Series For Adults

Location: Rec Center
Date & Time: Thursday Nights Starting June 30th (8 sessions) 8-9pm
Cost: \$100
Ages: 18 yrs +
Instructor: Aaron Cote

First Name

Last Name

E-Mail Address

Phone Number

Street Address

Town / City

Emergency Contact

Phone Number

Medical Information

Is there any medical condition or allergy that the Recreation Department should be made aware of?

____ YES

IF YES _____
(Please specify)

____ NO

Drumming Series for Adults WAIVER OF LIABILITY FORM

For participants in the Jamestown Recreation Department Drumming Series: In accordance with Section 7-6-9 of the Rhode Island General Laws (entitled "Exemption from Liability to Participants in Sponsored Athletic or Sports Events or educational Events") I hereby waive any liability that the Jamestown Recreation Department Drumming Series directors, trustees, agents, servants, or employees might have for, and agree that said association, its officers, directors, trustees, agents, servants, or employees shall not be liable for any bodily to myself while participating in the Drumming Series, sponsored by the Jamestown Recreation Department. I realize that the Town **does not** provide medical insurance and that any injuries incurred would be my/our responsibility.

Signature of Participant

**Please make checks payable to Jamestown Parks and Recreation
Mail to: Parks and Recreation Registrations, PO Box 377, Jamestown RI 02835**