



Westfield Recreation Department

Senior Transport
(Please Print Clearly)

Participant's Name - _____ Birthdate - _____

Address - _____

Home Phone Number - _____ Cell Phone Number - _____

Email - _____ Current Age - _____

Do you have an Aide that accompanies you on your trips? (Circle) YES NO

Please provide the following information –

Aides Name - _____ Birthdate - _____

Address - _____

Home Phone Number - _____ Cell Phone Number - _____

Email - _____ Current Age - _____

Emergency Contact Information

Please provide us with 2 Emergency Contacts

Emergency Contact 1 –

Name - _____ Relationship - _____

Home # - _____ Cell #- _____

Emergency Contact 2 -

Name - _____ Relationship - _____

Home #- _____ Cell #- _____

RELEASE

I certify that I am physically able to participate in the Westfield Recreation Department/Town of Westfield's Senior Transportation programs and assume responsibility for all risks of personal injury related to activities arising from, or associated with, participation in these programs.

I hereby indemnify and hold harmless the Town of Westfield and the Westfield Recreation Department, and their respective agents, representatives and employees, from any and all liability or damages that may occur or arise as a result of my involvement and participation in any of these programs.

I have read this Release carefully, and I am aware that by signing below and registering for participation in these programs, I waive and release the Town of Westfield and the Westfield Recreation Department, and their respective agents, representatives and employees, from any and all claims for injuries that I might sustain arising out of this activity.

Signature of Participant: _____ **Date:** _____