



Participation Waiver

PLEASE PRINT CLEARLY

FULL NAME: _____

MINOR'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBERS: HOME: _____ WORK: _____ CELL: _____

EMERGENCY CONTACT: _____ PHONE: _____

Photo/Video Release: Downtown Fit staff, instructors, partners and our media team will be taking pictures and video of the activities for use in print, on the Downtown Fit website, partner websites, and social media. By opting to participate in the program, you authorize Downtown Fit to use your image as stated above and that of your minor children that are participating with you.

I (we) waive and release any and all rights and claims or damages I (we) may accrue against the Gloucester Main Street Preservation Trust, its officers and agents, assigns, and all partners for any and all injuries suffered by me (us), the participant(s), during any activity related to the Downtown Fit program and while traveling to and from the activity.

Participant Signature or Parent/Guardian Signature if under the age of 18

Date