

Wii Gaming Release of Liability
Waiver and Medical Form
Seniors Ages 60 & Up

Name: _____ Age: _____ Phone: _____

Address: _____ Email: _____

Are there any medical conditions that the Town of Woodstock Recreation Department and Recreation Commission should be aware of? If yes, please explain: _____

All participants with medical conditions listed above must provide written consent from their primary care physician that they are able to participate in the above program without limitations.

Disclaimer: I, _____, understand there are risks of injury while participating in physical fitness programs including Wii Gaming System Activities and I am willing to assume those risks. I hereby agree not to hold the Town of Woodstock Recreation Commission, including its representatives, liable for any injury sustained by me while participating in the Wii Gaming System program sponsored by the Woodstock Recreation Commission. I further understand that if an injury should occur I will notify the Recreation Director by calling 860-315-5175 immediately and discontinue my participation and seek medical attention.

Signature of Participant: _____ Date: _____

Forms must be returned to the Woodstock Recreation Department at 215 Coatney Hill Rd, Woodstock, CT 06281 prior to use of the Wii Gaming System. The Woodstock Recreation Department and/or the Woodstock Recreation Commission has the right to cancel this program as it deems necessary. For more information please contact the Recreation Department at 860-315-5175 or email recreationdirector@woodstockct.gov