



Thomaston Recreation Commission

c/o Town Hall 158 Main St. Thomaston, CT 06787
(860) 283-6927

Name _____

Address _____

Phone _____ Activity _____

Fee _____

Medical Insurance and Number _____

Any Medical Problems? _____

In case of accident or illness, please contact _____

At (phone) _____

In the event of accident or injury, I hereby waive liability for the Town of Thomaston, the Thomaston Recreation Commission and their agents or employees, and will hold them harmless. I understand that there is no medical insurance being provided by the Town of Thomaston or the Thomaston Recreation Commission.

Dated _____ Signature _____