

Town of Islip Department of Parks, Recreation and Cultural Affairs

**TRIP REGISTRATION FORM**

For all mail-in and call-in registrants, be sure to check program information before registering.

**THIS APPLICATION IS NOT VALID UNLESS RELEASE IS SIGNED ON THE BOTTOM OF THIS PAGE**

Registrant \_\_\_\_\_ Date \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Preferred Pick-up Location \_\_\_\_\_

Address \_\_\_\_\_  
NO Street Town Zip

Disabled Parking Permit Number (if applicable) \_\_\_\_\_ Expiration Date \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Trip Name	Trip Date	Travel Companion	Fee
<b>Grand Total</b>			

Method of Payment Check \_\_\_\_\_ Credit Card \_\_\_\_\_  
 Master Card/Visa \_\_\_\_\_  
 Exp. Date \_\_\_\_\_ 3-Digit Security Code \_\_\_\_\_  
 Billing Zip Code \_\_\_\_\_

\*One form per person  
 \*Please call 224-5407 to reserve your spot before mailing  
 \*Make checks payable to Town of Islip  
 \*Mail registrations and payments to: Town of Islip  
 50 Irish Lane  
 East Islip, NY 11730

**RELEASE:** I know that participating in the above named program is a potentially hazardous activity. I should not register and/or participate unless I am medically and physically able. I assume all risks associated with participating in the above activity including, but not limited to, falls, accidents, and the effects of the weather, all such risks being known and appreciated by me. This waiver shall apply to any and all Town of Islip programs/trips that I participate in, for this entire calendar year. Having read this waiver and knowing these facts, I, for myself, successors, heirs and assigns, releases and forever discharges the Town of Islip, their affiliates, subsidiaries, agents, employees, board members, appointees, servants, officers, directors, assistants and volunteers, or designated appointee or contract vendee, from all losses, claims, damages, actions or judgments I may have or claim to have against the Town of Islip or any party mentioned above, for all personal injuries, including death and injuries to property, whether real or personal, caused by or arising out of my participation in Town of Islip programs. I further agree for myself, successor, heirs and assigns to indemnify and hold harmless the Town of Islip and all parties mentioned above from all losses, claims, damages, suits, actions or judgments for personal injuries, including death, and damage to property whether real or personal, and from all losses, claims, damages, action and judgments recovered and from all expenses incurred in defending said claims or suits, including reasonable attorney fees, costs and disbursements. It is the sole responsibility of all participants to be aware of the program transportation schedule and make all scheduled pickups, meet ups and rendezvous. I understand that if I should fail to make a scheduled pick up and the bus or other form of transportation has already departed, it is my responsibility to arrange and engage alternative transportation at my sole cost and expense. I grant permission for the Town of Islip and all parties mentioned above to take a photograph image or motion picture of myself and publish or print said images in any format whatsoever, for any legitimate purpose, including publication of the internet, the Town of Islip website, or any other form of media, including print media, without compensation to the undersigned. I understand that I shall not receive any compensation for my participation in this program or for the use or sale of the media set forth above. I understand that in the event of inclement weather some outdoor trips may be canceled. I will abide by the rules and policies of the Town of Islip. The Town of Islip reserves the right to refuse entrance or eject any person whose conduct management deems to be disruptive or in poor taste and will not accept responsibility for damaged or lost personal items. **IF PARTICIPANT IS UNDER 18:** This is to certify that I acknowledge and agree to the above for my son/daughter/ward and that my son/daughter/ward has my permission to participate in the program above, is in good medical and physical condition, and that the Town of Islip, their affiliates, subsidiaries, agents, employees, board members, appointees, servants, officers, directors, assistants and volunteers, or designated appointee or contract vendee, have my permission to authorize emergency medical treatment if necessary. I grant permission to all of the aforementioned use of any photographs, motion pictures, recordings, or any other media of my child for any legitimate purpose.

\_\_\_\_\_  
 SIGNATURE OF PARTICIPANT (IF 18+) (REQUIRED)

\_\_\_\_\_  
 SIGNATURE OF PARENT OR GUARDIAN (REQUIRED IF PARTICIPANT IS UNDER 18)