



Brattleboro
**Recreation
& Parks**

**BRATTLEBORO RECREATION & PARKS DEPARTMENT
Facility Rental Release Form**

Reservation Program Name: _____

Reservation Date: _____

Reservation Time: _____

Number of People in the Party: _____

Comments: _____

Full Address: _____

Phone Number: _____

Within the past 14 days, have you been in close physical contact with a person who is known to have laboratory-confirmed COVID-19 or with anyone who has any symptoms consistent with COVID-19?

YES

NO

If you are not a Vermont Resident and wish to participate, you must reside in a green county according to the State of Vermont Agency of Commerce and Community Development Cross State Travel Information Map. This map is updated every Tuesday. Do you agree that you live in Vermont or a county that is green according to the updated ACCD map?

YES

NO

Have you experienced any of the following symptoms in the past 48 hours? Fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting or diarrhea.

YES

NO

Do you understand that masks must be worn at all times and that masks must cover both the mouth and nose?

YES

NO

Do you confirm and guarantee that all of the above questions have been answered truthfully? And do you understand that if you do not show up for your reserved spot you will not be able to make reservations for 1 week. Everyone in the party must live in the same household, no extended family.

Name: _____

Date: _____



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I hereby give my permission for (please list all participants name and ages):

1)	_____	_____	_____
	First Name	Last Name	Age
2)	_____	_____	_____
	First Name	Last Name	Age
3)	_____	_____	_____
	First Name	Last Name	Age
4)	_____	_____	_____
	First Name	Last Name	Age
5)	_____	_____	_____
	First Name	Last Name	Age
6)	_____	_____	_____
	First Name	Last Name	Age
7)	_____	_____	_____
	First Name	Last Name	Age
8)	_____	_____	_____
	First Name	Last Name	Age

to participant in the Brattleboro Recreation and Parks Department facility rental. I hereby release the Brattleboro Recreation & Parks Department together with its operators, agents, employees, consultants, and advisors from any and all claims from injury or damage that may be sustained by me, from use of the premises, or equipment, or from participating in the Brattleboro Recreation and Parks Department activities for which I have subscribed. I am aware that participating in the facility rental can be potentially hazardous. I assume all risks associated with this program, including, but not limited to falls, contact with other participants, the effects of the weather, traffic, and other reasonable risk conditions associated with the program. All such risks to myself are known and appreciated by me. I represent that the above registered is in good health and is physically capable of participating in such a program, or activity, and will hold the Brattleboro Recreation and Parks Department harmless in connection with my participation. In the event of an emergency and an emergency person cannot be reached, I authorize the Recreation & Parks Department Staff to provide emergency treatment to any injury or illness I may experience, if qualified medical personnel considers treatment necessary, and perform the treatment. In addition, I hereby give permission for the participant to be transported to the Brattleboro Memorial Hospital or any near-by medical facility in the case of an emergency if an emergency person cannot be reached, and a reasonable effort has been made to do so, or in a life-threatening situation. I understand this informed consent form and agree to its conditions.

Participant/Guardians Signature: _____ **Date:** _____