



**SOMERSET COUNTY RECREATION, PARKS & TOURISM  
REGISTRATION FORM: ADULT PROGRAMMING**



**AGREEMENT OF PARTICIPATION (ADULT)**  
(General Activity)

Program Name: \_\_\_\_\_

Team/Manager Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Email: \_\_\_\_\_

.....  
**Personal Health of Participant**  
(Check any that apply)

Do you have any illness or injury that might be aggravated by participation in this program? \_\_\_\_ YES \_\_\_\_ NO

If YES, please explain:

\_\_\_\_\_  
\_\_\_\_\_

.....  
**Adult Participants only**

I hereby relieve Somerset County Recreation & Parks, its staff and instructors from any responsibility for any bodily injuries, etc., that may incur by myself as a result of participation in this program and/or activity.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date