DATE: _____ NAME OF ORGANIZATION: _____

EVERY PARTICIPANT ON THE ROSTER MUST SIGN THIS WAIVER FORM FOR THE GROUP TO QUALIFY FOR A PERMIT. PLEASE RETURN THIS FORM TO THE BEDFORD RECREATION DEPARMENT BY FAX (781-687-6156) OR MAIL (12 Mudge Way, Bedford, MA 01730)

	NAME	ADDRESS	SIGNATURE
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I, do hereby consent to my own participation in the above mentioned program, and do forever RELEASE, acquit, discharge and covenant to hold harmless the Town of Bedford, and the Town of Bedford Recreation Department and all of its employees and agents from any and all actions, causes of action, and claims, including, but not limited to negligence, on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage occurring while participating in any part of the program(s), wherever it occurs, which I may now or hereafter have.