



SMITH'S CLOVE PARK

133 Spring St.
Monroe, N.Y. 10950
www.smithsclovepark.org
Phone # (845) 783-9108



Arbor Day Tree Planting Application

Date: April 28, 2019 Time: 1pm

Name/s: _____

Address: _____

Telephone #: _____

E-mail Address _____

Please List names and ages of those under 18 in your group

_____	_____
_____	_____
_____	_____

Parent Signature: _____ date _____

Use separate sheet for additional names

Return Application to Park

- Is responsible to supply their own shovels
- Anyone under 18 requires adult supervision
- Parent's Signature authorizes child's participation in the planting and agrees to hold the Park Commission, their employees, agents of the Park, the Town of Monroe and the Village of Monroe harmless for any claim of loss.

For more information call Joe @ (845) 783-9108 or go on-line

Please complete the information on the back of this application



Assumption of Risk

I AM AWARE THAT THE ACTIVITY DESCRIBED ABOVE IN WHICH I AM ENGAGING MAY INVOLVE SOME RISK IF INJURY TO ME OR TO MY PERSONAL PROPERTY. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH THE KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT ANYAND ALL RISKS OF INJURY, DEATH OR PROPERTY DAMAGE AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: _____

Release

As consideration for being permitted by Smith's Clove Park, the Village of Monroe and the Town of Monroe to participate and use their facilities, I hereby agree that I, my assignees, heirs, distributes, guardians and legal representatives will not make claim against or sue the Park, Village of Monroe, Town of Monroe or any of its elected officials, appointed officials, employees, agents or attorneys for injury or damage resulting from there Negligence or other acts, howsoever caused, by any elected / appointed official, employee, agent, attorney or contractor of Smith's Clove Park, the Village or Town of Monroe as a result of my participation in the activity described above. I hereby release the Park, Village of Monroe, or any of its elected officials, appointed officials, employees, agents or attorneys or contractors from all actions, claims or demands that I, my assignees, heirs, distributes, guardians and legal representatives now have or may hereafter have for injury or damage resulting from my participation in the above described activity.

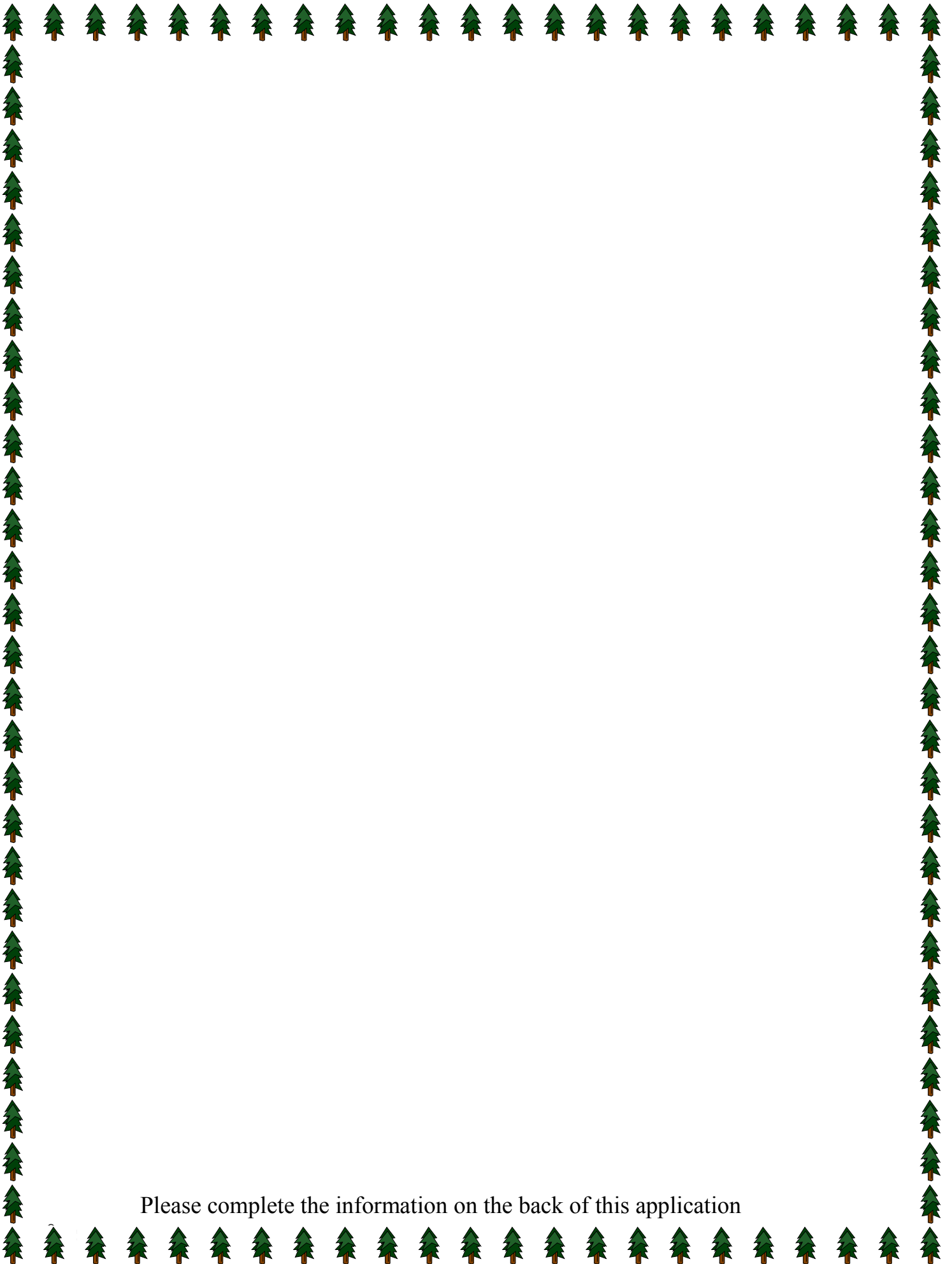
Knowing and Voluntary Execution

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND IS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND SMITH'S CLOVE PARK, THE VILLAGE OF MONROE AND TOWN OF MONROE AND SIGN IT OF MY OWN FREE WILL.

_____ Releaser's Signature	_____ Print Name	_____ Date
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_____ Parent's Name (print)	_____ Signature	_____ Date
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Please complete the information on the back of this application



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