



TOWN OF HUDSON
PARK COMMISSION
Division of Recreation
78 Main Street
Hudson, MA 01749
Tel: 978-568-9642
Fax: 978-562-8508

Adult Program Registration Form

Name _____ Home Phone _____

Address _____ Work Phone _____

Do you have any physical disabilities that would restrict your participation in programs? (i.e. back trouble, asthma, diabetes, heart problems, etc.). If so, please list _____

Program(s): _____

Session(s): _____

I, the undersigned, hereby release the Town of Hudson, its officers, agents, employees and/or contracted instructors from all liabilities resulting from any injury. I assume full responsibility for any injury occurring while I participate in the above listed programs. **The Town of Hudson assumes no financial liability for any injury.**

Signature

Date