



# FISHKILL RECREATION

793 Route 52, Fishkill, NY 12524 ~ tel. 845.831.3371 ~ fax 845.831.3169 ~ www.fishkillrecreation.com

## Recreation Classic Basketball Tournament

### Recreation Waiver

As the Parent/Legal Guardian of, (*name of child*) \_\_\_\_\_  
participating in The Recreation Classic Basketball Tournament, I recognize and  
acknowledge that there are certain risks of physical injury. I agree to assume the full  
risks of any injuries, damages, or loss that sustained as a result of such participation. I  
further understand the Town of Fishkill does not provide accidental medical coverage,  
and it is my responsibility to provide appropriate cover. I agree to waive and relinquish  
all claims and hold harmless the Town of Fishkill, the Recreation Department, and any  
officers, agents, employees, and representatives of the Town of Fishkill from any and  
all claims.

Signature \_\_\_\_\_ Date \_\_\_\_\_