

# Old Orchard Beach Recreation Beach Wheelchair Form

Participant's Last Name \_\_\_\_\_

Please use one form per participant.

Participant Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_ Age \_\_\_\_

First Last

Company/Organization or Person Responsible for reservation: \_\_\_\_\_ Contact #: \_\_\_\_\_

Address \_\_\_\_\_

Street Address \_\_\_\_\_ Mailing Address if different \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Home Phone # \_\_\_\_\_

Contact Information H) Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

E-mail Address \_\_\_\_\_ Please print clearly (used for program information only)

Program	Listed Fee	Amt. Paid	Check # / Cash	Credit #:	card #	exp. #	Three Code:
Wheelchair (Daily)	\$25.00						

Date(s) Requesting: \_\_\_\_\_ Staff Approval Signature: \_\_\_\_\_  
 Beach Location of Wheelchair: \_\_\_\_\_

### Waiver Information

The beach wheel chair can be picked up by 9am if you are picking it up at the Rec. Dept. or we can deliver (when possible) by 11am at a beach location. The chair needs to be returned to the department by 3pm unless otherwise discussed or organized by the department. Failure to return wheelchair will result in a \$25 fee if after 4pm and if you do not contact the recreation department by 5pm charge of your card for the full chair could result in \$1,500.00 nonrefundable.

Signature of participant: \_\_\_\_\_ Date: \_\_\_\_\_

### Waiver Information

The undersigned hereby expressly releases and hold harmless the Old Orchard Beach Recreation Department, its agents and employees, from and against any and all claims, suits, actions and damages resulting from mine or my child's participation in Old Orchard Beach Recreation programs or events. Further, I understand that there is inherent risks and dangers in participating in these programs and I accept the responsibility to provide accident insurance for my child or myself including ambulance transportation if necessary.

Signature of participant: \_\_\_\_\_ Date: \_\_\_\_\_