



TOWN OF MERRIMACK, NH

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Non Registered Girl Scout Adult Participant Waiver Form

I will be participating in recreational activities on the Town of Merrimack property. I recognize that people at play and involved in recreation are sometimes injured and some injured seriously.

If in the event medical treatment is necessary before my emergency contact person can be contacted, I authorize medical personnel including EMTs to provide treatment they determine is medically necessary until such time that my emergency contact person can be contacted.

I have read this form and understand its terms. I executed freely and voluntarily with full knowledge of its significance.

Participant Name _____

Participant Signature _____

Emergency contact name _____

Emergency contact telephone _____

I have read this form and understand its terms. I decline to give my permission as outlined above with full knowledge of the significance of this decision.

Participant Name _____

Participant Signature _____

Emergency contact name _____

Emergency contact telephone _____

Assessing P: 603-424-5136 F: 603-424-0461	Community Development P: 603-424-3531 F: 603-424-1408	Finance P: 603-424-7075 F: 603-424-0516	Human Resources P: 603-424-2331 F: 603-424-0461	Media Services P: 603-423-8561 F: 603-424-0461
Public Assistance P: 603-423-8535 F: 603-424-0516	Public Works Administration P: 603-424-5137 F: 603-424-1408	Town Council P: 603-424-2331 F: 603-424-0461	Town Manager P: 603-424-2331 F: 603-424-0461	
