



2026 Cornhole Tournament In-Person Registration

THIS IS FOR IN-PERSON REGISTRATION AND PAYMENT ONLY

Checks should be made payable to New Milford Senior Center Enrichment Fund.

EVENT DATE: Sunday, May 3, 2026

LOCATION: John Pettibone Community Center 2 Pickett District Road New Milford, CT 06776

NOTE: This registration form is one individual.

Date _____

Your name (first and last) _____

Team Name (if applicable) _____

Teammate name (first and last) _____

Best phone number to reach you _____

Email address _____

Payment method

Cash

Check

Waiver

Signed

Please review and sign the Health and Wellness Program Waiver on Page 2



Office of the Commission on Aging

HEALTH & WELLNESS PROGRAM WAIVER

Participants Name: _____ Home Phone #: _____

Address: _____ City: _____ Zip: _____

Emergency Contact: _____ Phone #: _____

Program Title: **2026 Cornhole tournament**

Program Rules:

- All participants must read and sign the rules and waiver agreement.
- The facility must be left in the same condition as you found it.
- Do not bring any equipment home unless specified for program.
- Be sure that any used equipment is clean before leaving the facility.
- Wear the appropriate clothing & footwear to ensure safety.
- Notify the instructor immediately if you feel any sort of illness or injury.

Release:

I understand there are risks of physical injury in participating in physical & exercise activities or programs.

I hereby release the town of New Milford, its employees, officials and agents from any and all liability or loss or damage to personal property that, I may experience in connection with activities sponsored by the Town of New Milford and the New Milford Senior Center.

I hereby consent to emergency medical procedures deemed advisable for myself in the event that my family cannot be reached and I have sustained an injury. The Town of New Milford and the New Milford Senior Center does not provide accident or hospitalization insurance for participants of its programs. All participants are advised to have adequate personal coverage. Please consider participant's own health, experience, and tolerance for risk before participating in any program. I also consent to the use of my photo, video, artwork etc. by the Senior Center for flyers, presentations etc.

I am covered by appropriate medical/accident insurance and I accept full responsibility for any injury that might occur during this program. I will not hold the Town of New Milford or the New Milford Senior Center or any of their employees responsible for any accidents or injuries which may occur in the course of, prior to the start of, or after the facilitation of the above program.

Name _____

Signature _____

Date _____