

**Town of East Granby & Granby Youth Service Bureaus  
Required WAIVER  
Zombie Trail Event**

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ \*parent signature required if under 18  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
School: \_\_\_\_\_ (for summer programs enter upcoming school/grade)  
Grade: \_\_\_\_\_ Gender: \_\_\_\_\_  
Parent/Legal Guardian Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**The Granby Youth service bureau will use photos taken at the event for promotional purposes**

**PERMISSION AND EMERGENCY/MEDICAL INFORMATION**

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Are there any specific medical conditions we should be aware of? \_\_\_\_\_

In case of emergency, if I cannot be reached, I give permission to the attending physician to hospitalize, secure necessary treatment, order injections, anesthesia, or surgery for my child named on this form.

Additionally, I the undersigned, do hereby waive and hold the Granby youth Service Bureau , its employees and agents, harmless from any personal or property damage I or my child may incur while participating in this activity. I understand the trail event takes place ion wooded trails and natural obstacles will be encountered. I also understand Granby Youth Service Bureau does not provide accident or health insurance.

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*\*Signature of parent/guardian* \_\_\_\_\_ *Date:* \_\_\_\_\_

**Completed waivers to be turned in at registration on race day.**

**Contact AnneMarie Cox for more information about this program at (860) 844-5355!**