

2019 Dates

Monday, June 17<sup>th</sup>  
Time: 9:00pm  
Fee: \$5.00 per person  
Must be Pre-Registered

Sunrise Walk around the Lake  
Date: Saturday, September 14<sup>th</sup>  
Time: 6:00am  
Fee: \$5.00 per person  
Must be Pre-Registered

Jingle Bell Moon Hike  
Dress in your Holiday Gear!  
Date: Thursday, December 12<sup>th</sup>  
Time: 6:00pm  
Fee: \$5.00 per person  
must be Pre-Registered



**Moon Hike  
Around  
Chadwick Lake**

Must be Pre-register Fee: **\$5.00**  
Weather Permitting (no rain dates)  
Suggested Ages 8years old & up  
4 ¼ mile Hike starts at the Large Pavilion  
All participants must start as a group  
(Bring a Flashlight or Headlamp – Wear proper attire)

Please Print

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

I am aware that participation in the Town of Newburgh Recreation programs may present a strain on the participant's body, or its parts; and, therefore, I represent to the Town of Newburgh, the Town of Newburgh Recreation Department that to the best of my knowledge, I am in proper physical condition to participate and that I assume the risk of participating. If it is impossible to contact the above named emergency contact and it is an emergency, I hereby give permission for first aid treatment to be rendered and, if necessary, for transportation of the participant to a licensed physician and/or medical facility, and to authorize their medical staff and the attending physician to provide any medical care or treatment this physician deems reasonable and necessary and agree that I will be responsible for payment of any and all medical services rendered. It is agreed by my signature below. That in the event I become disabled, injured or incur disease of temporary or permanent nature; all claims of liabilities will be waived.

I have read and fully understand and agree to the above state conditions of participation in the Town of Newburgh Recreation Department Program.

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

Town of Newburgh Recreation  
311 Route 32  
Newburgh NY 12550  
(845)564-7815