

THE CITY OF NEW ROCHELLE PRESENTS UNITY DAY

IN REMEMBRANCE OF THE 20TH ANNIVERSARY OF 9/11

SUNDAY SEPTEMBER 12, 2021

AGES 8 TO 13

9AM - 1PM

AGES 8 TO 13



BIKES & BADGES

YOUTH BIKE RIDE FROM CITY HALL TO FLOWERS CITY PARK

9AM: MEET AT CITY HALL FRONT STEPS WITH YOUR OWN BIKE & HELMET
(PARENTS INVITED)

9:30AM: YOUTH BIKE RIDE TO FLOWERS CITY PARK VIA POLICE ESCORT

10:00AM: ARRIVE AT FLOWERS CITY PARK



YOUTH SPORTS CELEBRATION

10:00AM: FREE SPORTS CLINICS AT FLOWERS CITY PARK OF BASKETBALL,
FOOTBALL, SOCCER, BASEBALL, KICKBALL, FRISBEE, ETC

12:30PM: INTRODUCTIONS OF ORGANIZATIONS & PHOTO OPS ON FOSINA FIELD

BRINGING TOGETHER THE CITY OF NEW ROCHELLE AND ITS PARTNERS TO CELEBRATE YOUTH

FOR MORE INFO VISIT WWW.NEWROCHELLENY.COM/PARKS OR
CALL 914-654-2045





UNITY DAY 2021

"BIKES & BADGES & YOUTH SPORTS CELEBRATION"

REGISTRATION / WAIVER FORM

By signing your name below you agree to the following RELEASE OF LIABILITY:

WITNESSETH: In consideration of the Participant being allowed by the City to participate in the City's UNITY DAY EVENT, the Participant does hereby agree as follows:

1. The Participant, does hereby release and discharge and agree to hold harmless the City of New Rochelle, and its, officers, employees, agents, partners, and volunteers ("the Sponsor") individually and collectively of and any and all liability, actions, claims, demands and responsibility whatsoever in law and in equity, arising out or in consequence of Participant participating in the Program, or being a passenger in a vehicle provided by the Sponsor in conjunction with Program – including specifically but without limitation injury and/or death – unless the same is caused by the gross negligence or willful misconduct of the Sponsor.
2. The Participant specifically acknowledges the potential of risk and injury involved in participation in the Event and does hereby assume said risk and authorizes the City or its representatives to arrange emergency medical treatment for the Participant should the same be necessary during the course of the Event. The Participant shall be responsible for the cost of said emergency treatment.
3. It is understood and agreed that the City of New Rochelle shall not be required to maintain medical or hospitalization insurance coverage with respect to the Event and those who participate in the Event.
4. The Participant will utilize their own bicycle and helmet for safety.

By signing your name below you agree to the following COVID 19 – WAIVER

I hereby take responsibility for myself to participate in the City of New Rochelle UNITY DAY EVENT, within the City's facilities. While every precaution will be taken to safeguard the Event and facilities and its users, it is understood that I release the City of New Rochelle and its sponsoring agents from all responsibility, in case of accident or illness, including COVID-19 related illness while participating at our Event.

PARTICIPANT NAME:

PARENT / GUARDIAN SIGNATURE:

DATE: _____

EMERGENCY CONTACT NAME & PHONE #: