

SOMERSET PUBLIC SCHOOLS ATHLETICS
PARENTAL CONSENT, RELEASE FROM LIABILITY
AND INDEMNITY AGREEMENT

We the undersigned parent(s) or guardian(s) of _____ a minor, do hereby consent to his/her participation in voluntary athletic programs and do forever RELEASE, acquit, discharge, and covenant to hold harmless the Town of Somerset, a municipal corporation of the State of Massachusetts, and its successors, departments, officers, employees, servants, and agents, of and from any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which we/I may now or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or right of action for damages which said minor has or hereafter may acquire, either before or after he/she has reached his/her majority resulting or to result from his/her participation in the Somerset Public Schools' Physical Education Department's athletic programs: FURTHERMORE, we/I hereby agree to protect the Town of Somerset and its successors, departments, officers, employees, servants and agents against any claim for damages, compensation or otherwise on the part of said minor growing out of or resulting from injury to said minor in connection with his/her participation in the Somerset Public Schools' Physical Education Department's voluntary athletic programs, and to INDEMNIFY, reimburse or make good to the Town of Somerset or its successors, departments, officers, employees, servants and agents any loss or damage or costs, including attorney's fees, the Town or its representatives may have to pay if any litigation arises from said minor's intentional, grossly negligent, or reckless acts or omissions while participating in said sports programs.

School _____ Sport _____

Signature(s) of Parent(s) or Guardian(s)

Date

Relationship

Signature of Student

This form may not be altered

Student's Last Name

First Name

Middle Initial

Home Address

Zip Code

Mo. Day Year

Telephone No.

Date of Birth

Grade Homeroom

A copy of birth certificate may be required

IN CASE OF EMERGENCY CALL

Name **Tel. No.** **Relationship**

Name **Tel. No.** **Relationship**

Family Health Insurance Plan **Policy No.**

Do you wish to subscribe to Student Accident Insurance **YES** **NO**