



GREENS FARMS ACADEMY SQUASH PROGRAM PARTICIPANT RELEASE

This release must be completed and signed by a parent or guardian for each student participating in any squash activities at Greens Farms Academy, including: lessons, clinics, tournaments, camps, events with guest instructors, and other squash related activities.

Student Name: _____ Date of Birth: ____/____/____

School: _____ Grade: _____

Parent/Guardian Phone :(____) _____ - _____

Parent/Guardian Name: _____ Parent/Guardian E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact Info:

Contact Name: _____ Contact Phone :(____) _____ - _____

Relationship to Emergency Contact: _____

GENERAL RELEASE OF LIABILITY

This GENERAL RELEASE OF LIABILITY, executed on ____/____/____, by [**name of parent or guardian**]

_____ (hereinafter the "Releasor"), provides as follows:

I agree to allow my child _____ to participate in various squash programs at Greens Farms Academy (hereinafter "GFA") for the 2019-2020 school year and the summer of 2020. I further agree and acknowledge that GFA is under no obligation to allow s/he to participate in this program.

I agree that GFA is in no way responsible for the safekeeping of my child's personal belongings while s/he participates in squash programs at GFA. I understand that this program may be physically strenuous, and I voluntarily give permission for my child to participate in it with full knowledge that there is risk of personal injury, property loss or death.

In consideration of my child being permitted to participate in squash programs at GFA, I hereby completely release and forever discharge Greens Farms Academy, its past, present and future agents, trustees, directors, officers, employees, fiduciaries, representatives, successors and assigns, from any and all past, present, or future claims, causes of action, or damages resulting from any injuries sustained by or related to my child's participation in this program.

The Releasor acknowledges that s/he has carefully read the foregoing General Release of Liability and understands the contents thereof and signs this Release as his/her own free act.

Signature of Releasor

Date

Name of Releasor