

Hoosac Valley Regional School District

49 PARK STREET

ADAMS, MA 01220

(413) 743-2939

Perseverance Respect Integrity Diversity Empathy

PROGRAM PARTICIPATION WAIVER

Student Name: _____

Date of Birth: ____/____/____

Address: _____

Parent/Guardian Name: _____ Phone: _____

PARENTAL CONSENT, RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT

On behalf of my child, a minor, I hereby consent to my child's participation in the voluntary athletic, recreation programs or extra-curricular activities of the Hoosac Valley Regional School District (hereinafter "HVRSD"). I/We also agree to forever Release HVRSD, and those for whom it is legally liable and the members of the HVRSD School Committee, and all their employees, officers, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic, recreation programs or extra-curricular activities of HVRSD (the "Releases") from any and all claims, actions, rights of action and causes of action, damages, costs, loss of services, expenses, compensation and attorney's fees that may have arisen in the past, or may arise in the future, directly or indirectly, from known and/or unknown personal injuries to my child or property damage resulting from my child's participation in the said HVRSD voluntary athletic, recreation program or extra-curricular activity which I/We may now or hereafter have as the parent(s) or guardian(s) of said minor child and which said minor has or hereafter child has or hereafter may acquire, either before or after reaching majority.

I/We also promise, to Indemnify, reimburse, defend and hold harmless the releases against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, including damages, costs and attorney's fees, arising from personal injuries to my child or property damage resulting from the child's participation in HVRSD voluntary athletic, recreation programs or extracurricular activities or administration of first aid.

I/We further affirm that I/We have read this Parental Consent, Release from Liability and Indemnity Agreement, and that I/We understand the contents of this Agreement. I/We understand that my child's participation in these programs is voluntary and that my child and I/We are free to choose not to participate in said programs. By signing this agreement, I/We affirm that I/We have decided to allow my child to participate in HVRSD athletic, recreation programs or extra-curricular activities with full knowledge that the Releases will not be liable to anyone for personal injuries, and/or property damage my child or I/We may suffer in the voluntary HVRSD athletic, recreation programs or extra-curricular activities.

I realize injuries can occur from participation in sport, and other activities. Should my child be taken to the hospital for emergency purposes, I hereby grant permission to the attending physician to administer anesthesia, medical, x-ray and surgical procedures as may be deemed necessary or advisable.

I understand that every reasonable attempt will be made to contact me in an emergency.

Print Name: _____ Date: _____

Signature: _____
(if under 18, parent or guardian)