

Parental/Guardian Consent, Release from Liability and Indemnity Agreement for _____ (child's full name).

I, the undersigned parent/guardian of the above named child, a minor, do hereby consent to my child's participation in voluntary athletic or recreation programs of the Town of Hardwick via (but not exclusive to) the Hardwick Youth Center and/or the Hardwick Parks and Recreation Commission.

I also agree to forever release the Town of Hardwick(a municipal corporation of the Commonwealth of Massachusetts) and all their employees, officers, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary programs of the Town of Hardwick (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 risen in the past, or may arise in the future, directly or indirectly, from known and unknown personal injuries to my child or property damage resulting from my child's participation in the Town of Hardwick's voluntary programs which I may now or hereafter have as the parent or guardian of said minor child and which said child has or hereafter may acquire, either before or after reaching majority.

I also promise, to indemnify, reimburse, defend, and hold harmless the Releasees 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 my child's participation in the Releasees voluntary programs or administration of first aid.

I further affirm that I have read this Agreement and that I understand the contents of the Agreement. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in these programs. By signing this Agreement, I affirm that I have decided to allow my child to participate in the Town of Hardwick program.

Signed:

Parent or Guardian of above named child

Date

List any special needs, requirements or medical information regarding this child:

(Write "none" if applicable)

In case of an emergency, if the adults named on this contract are not available, please contact the following person, who is hereby authorized to make decisions regarding this child:

Relationship

To Child: _____ Name: _____ Phone: _____

PLEASE CHECK THAT ALL ITEMS ON THIS FORM ARE COMPLETE AND LEGIBLE, THEN RETURN IT TO THE HYC