



QUABOAG REGIONAL SCHOOL DISTRICT

PARENTAL CONSENT, RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT

We the undersigned father and mother 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 Towns of Warren and West Brookfield, 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, costs, loss of services, expenses and compensation on account of, or in anyway 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 Quaboag Regional School District's Education Department's athletic programs; FURTHERMORE, we/I hereby agree to protect the Towns of Warren and West Brookfield 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 Quaboag Regional School District's Physical Education Department's voluntary athletic programs, and to INDEMNIFY, reimburse or make good to the Quaboag Regional School District or its successors, departments, officers, employees, servants and agents any loss or damage or costs, including attorney's fees, the District 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 _____

COMPLETE REVERSE SIDE

This form may not be altered.