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

☐ Fall ☐ Winter ☐ Spring

I/We, the undersigned parent(s) or guardian(s) of_____, a minor, do hereby CONSENT to his/her participation in voluntary athletic programs sponsored by Newton Public Schools (hereinafter referred to as the "voluntary sports programs"). I/We RELEASE and discharge the City of Newton and its departments, officers, employees, and agents (hereinafter collectively referred to as "Newton"), from any and all claims, damages, losses or expenses of whatever kind or nature which I/we may have or acquire as the parent(s) or guardian(s) of said minor arising out of or resulting, directly or indirectly, from said minor's participation in the voluntary sports programs. I/We also RELEASE and discharge Newton from any and all claims, damages, losses or expenses of whatever kind or nature which said minor may have or acquire arising out of or resulting from, directly or indirectly, his/her participation in the voluntary sports programs. I/We furthermore agree to defend and INDEMNIFY Newton against any claim, damage, loss or expense of whatever kind or nature that Newton may have to pay that arises from said minor's intentional, grossly negligent, or reckless acts or omissions while participating in the voluntary sports programs.

I/We hereby authorize Newton's employee(s) or agent(s) who is supervising said minor to act on our behalf in authorizing and consenting to emergency medical care for said minor if he/she becomes ill or is injured while participating in the voluntary sports programs. This Authorization and Consent may be presented to the appropriate emergency medical staff at such time as emergency medical care is required. I/We hereby RELEASE and discharge Newton from any and all claims of any nature whatsoever, which may arise out of the decision to provide emergency medical care.

School_____ Sport_____

_____

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

_____

Signature of Student This form may not be altered.

COMPLETE REVERSE SIDE Rev 8/03

FRONT

Male_____Female_____

_____

Student's Last Name First Name Middle Initial

_____

Home Address Zip Code

_____ _____/_____/_____ _____

Telephone No. Date of Birth Grade Home Room

(A copy of the birth certificate is required)

IN CASE OF EMERGENCY

1. _____

Name Tel.No. Relationship

2. _____

Name Tel.No. Relationship

BACK