

Please Return This Form to The Athletic Office

LYNNFIELD PUBLIC SCHOOLS ATHLETICS PARENTAL CONSENT RELEASE FROM LIABILITY & INDEMNITY AGREEMENT

Year: _____		
Fall	Winter	Spring

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 Town of Lynnfield, 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 actions, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of directly or indirectly, all known and unknown personal injuries or property damages 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 Lynnfield Public Schools Athletic/Physical Education Department's programs: FURTHERMORE, we/I hereby agree to protect the Town of Lynnfield and its successors, departments, officers, employees, servants, and agents, against any claims 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 Lynnfield Public Schools Athletic Department's voluntary programs, and to INDEMNIFY, reimburse or make good to the Town of Lynnfield or its successors, departments, officers, employees, servants and agents any loss or damages or costs, including attorney's fees, the Town 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) Parent(s) or Guardian(s) Date: _____		Relationship: _____
Students Last Name	First Name	Middle Initial
Home Address		Zip Code
Telephone No.	Date of Birth	Grade & Home Room
_____ Parent or Guardian signature		