GROTON-DUNSTABLE REGIONAL SCHOOL DISTRICT
ATHLETICS PARENTAL CONSENT
RELEASE FROM LIABILITY AND 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 Groton-Dunstable Regional School district 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 Groton-Dunstable Regional School district's Physical Education Department's athletic programs; FURTHERMORE, we/I hereby agree to protect the Groton-Dunstable Regional School District 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 Groton-Dunstable Regional School District's voluntary athletic programs, and to INDEMNIFY, reimburse or make good to the Groton-Dunstable Regional School District or its successors, departments, officers, employees, servants and agents any loss or damages 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

☐ Male ☐ Female _____

Student's Last Name First Name Middle Initial

_____

Home Address Zip Code

_____ / / _____

Telephone Date of Birth Grade Advisor/Advisee

IN CASE OF EMERGENCY CALL:

_____

Name Telephone Number Relationship

_____

Name Telephone Number Relationship