

**TOWN OF PHILLIPSTON  
CONSENT TO PARTICIPATION IN SUMMER RECREATION PROGRAM**

***\*\*\*Please read this document thoroughly before completing and signing\*\*\****

Participation in physical and recreation activities can involve certain risks and exposure to injury. The attached Consent, Release from Liability and Indemnity Agreement is a requirement for participation in all such activities offered by the Town of Phillipston. It releases the Town and its employees from liability or responsibility for any harm or injuries that may result from participation in such activities. It also provides that the Town will not be liable or responsible for harm to others resulting from participation in such activities.

Please consult with an attorney if you have any questions regarding this document.

Participant's Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Type of Activity/Program: \_\_\_\_\_

I agree to participate in extracurricular activities of the Town of Phillipston and its Park and Recreation Department and I release the Town and its employees from liability for any injuries or property damage that may result from my participation.

\_\_\_\_\_  
Signature of Student/Participant

Parent/Guardian: \_\_\_\_\_

Telephone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Telephone: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

**PARENTAL CONSENT, RELEASE FROM LIABILITY  
AND INDEMNITY AGREEMENT**

I/we the undersigned parent(s) or guardian(s) of \_\_\_\_\_, a minor, do hereby consent to his/her participation in athletic, recreational and social activities and programs of the Town of Phillipston, and furthermore I/we do forever RELEASE, acquit, discharge and covenant to hold harmless the Town of Phillipston, a municipal corporation of the Commonwealth of Massachusetts, and its successors, departments, officers, employees, servants, and agents, of and from any and all claims, causes of action, expenses and compensation on account of or in any way arising out of, directly or indirectly, all known and unknown bodily injuries or property damage which I/we may now or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or rights of action for damages which said minor has or hereafter may acquire, either before or after he/she reaches his/her majority, resulting from said minor's participation in the aforementioned activities and programs of the Town of Phillipston. Furthermore, I/we hereby agree to protect the Town of Phillipston and its successors, departments, officers, employees, servants and agents against any claim for damages, compensation or otherwise on the part of \_\_\_\_\_, a minor, arising out of or resulting from bodily injury to said minor or property damage in connection with said minor's participation in the aforementioned activities or programs of the Town of Phillipston, and to INDEMNIFY, reimburse or make good to the Town of Phillipston or its successors, departments, officers, employees, servants and agents any loss or damage or costs, including attorneys' fees, the Town of Phillipston or its representatives may have to pay if any claim or litigation arises from said minor's participation in the aforementioned activities or programs of the Town of Phillipston or the administration of first aid to said minor.

I/we have read this Consent, Release and Agreement form and I/we understand the contents of the form. I/we understand that the participation of the child named above in the named activities and programs is voluntary and that the child and I/we are free to choose not to participate in these activities and programs. By signing this form I/we agree that I/we have decided to allow the named child to participate in these activities and programs and understand that the Town of Phillipston will not be liable to anyone for bodily injuries and property damage the named child or I/we may suffer from participation in the activities and programs.

|  |      |              |
|--|------|--------------|
| Signature of Parent/Guardian<br>(Both parents must sign) | Date | Relationship |
| Signature of Parent/Guardian                             | Date | Relationship |

**THIS FORM MAY NOT BE ALTERED**