## Easton Public Schools VOLUNTARY CONSENT AND RELEASE FORM

(Students under 18)

| I,  | the undersigned parent/guardian of  |
|---|---|
|   | , a minor, do hereby consent to my  |
| Child's participation in the  |   |
|   | (Please type name and date of program /activity)  |
| offered by the Easton Public Schools.   |   |
| Easton Public Schools, the School Committee volunteers and any and all individuals and organiz recreation programs/activities of the Town of East of any nature whatsoever, rights of action and car arise in the future, directly or indirectly, from an child or property damage resulting from or in any my said minor child has or hereafter may acquire, majority resulting from my child's participation in | discharge and hold harmless the Town of Easton or, and all their employees, agents, board members rations assisting or participating in voluntary athletic or ston or Easton Public Schools from any and all claims uses of action that may have arisen in the past, or may any and all known or unknown personal injuries to my way growing out of, directly or indirectly, and which either before or after he/she has reached his/her age on the above-described voluntary activities occurring or on Public Schools' voluntary athletic or recreation |
| legal claims of any nature or kind whatsoever an asserted in the past, or may be asserted in the futu   | hold harmless the Town of Easton against any and all d proceedings of any description that may have been re, directly or indirectly, arising from personal injuries y child's participation in the Town of Easton or Easton ograms/activities.  |
| Form. I understand that my child's participation is and I are free to choose not to participate in said have decided to allow my child to participate in Schools' athletic or recreation programs/activities  | Release Form and that I understand the contents of this in these programs/events is voluntary and that my child programs/events. By signing this Form, I affirm that I the above described Town of Easton or Easton Public with full knowledge that the Town of Easton will no perty damage my child or I may suffer in the above   |
| Easton to transport the minor child to a hospital or attendant(s) for transportation to the hospital and g  |   |
| Signature of Parent/Guardian  | Dated:  |
| Address:  |   |
| Phone Number:   |   |
| Medical Insurance Policy No:  |   |