



Student Name _____

(Last, First)

**SCITUATE PUBLIC SCHOOLS
PARENTAL PERMISSION, RELEASE AND INDEMNIFICATION AGREEMENT**

I the undersigned student aged 18 or over, or the undersigned parent or lawful guardian of: _____ (name of student), a minor, do hereby consent to the participation of _____ (name of student) in the Scituate High School Fitness Programs. I/we understand that participation in the Fitness Programs is not required and that participation is voluntary.

I/we understand the activities of this program or event, its rules and requirements and its potential risks. I/we accept these conditions and hereby grant permission for my/our child's participation.

I/we hereby forever release the Town of Scituate, the Town of Scituate School Department and its officers, employees, agents and volunteers from any and all claims for damages with respect to or in connection with all known and unknown personal injuries incurred by my/our child while participating in the program or event except for damages caused solely by the negligence of the Scituate Public Schools or its officers, employees, agents or volunteers.

I/we hereby agree to indemnify and hold harmless the Scituate Public Schools and its officers, employees, agents and volunteers with respect to any such claims for damages which are caused solely by the negligence of the Scituate Public Schools or its officers, employees, agents or volunteers.

Signature Parent/Guardian: _____

Date: _____

EMERGENCY CONTACT INFORMATION (Please Print):

NAME: _____

ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____