

*Arlington Public Schools 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 athletics and do forever **RELEASE**, acquit, discharge, and covenant to hold harmless the Town of Arlington, 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 parents(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 a Arlington Public Schools athletics program. **FURTHERMORE**, we/I hereby agree to protect the Town of Arlington 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 a Arlington Public Schools voluntary athletic program, and to **INDEMNIFY**, reimburse or make good to the Town of Arlington 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 athletic programs.

School _____

| Signature(s) of Parent(s) or Guardian(s) | Date | Relationship |
|--|-------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Signature of Student _____ *This form may not be altered*

Complete Reverse Side