



Pittsfield Public Schools

Athletic Department
269 First Street
Pittsfield, MA 01201

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 City of Pittsfield, 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, 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) 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 Pittsfield Public Schools Physical Education Department's athletic programs; FURTHERMORE, we\I agree to protect the City of Pittsfield 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 Pittsfield Public Schools Physical Education Department's voluntary athletic programs, and to INDEMNIFY, reimburse or make good to the City of Pittsfield or its successors, departments, officers, employees, servants and agents any loss or damage or costs, including attorney's fees, the City 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 Parents or Guardian (s)	Date	Relationship
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Signature of Student

Male _____

Female _____

Student's Last Name (Print)	First Name	Middle Initial
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Home Address	City	Zip Code
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Telephone Number	Date of Birth	Grade	Home Room
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(A copy of birth certificate may be required)

In Case Of Emergency, Call:

1. _____

Name	Telephone Number	Relationship
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2. _____

Name	Telephone Number	Relationship
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