

AYER SHIRLEY REGIONAL SCHOOL DISTRICT

CONSENT AND RELEASE FORM

I, the undersigned father, mother or guardian of _____, a minor,
STUDENTS PRINTED NAME

do hereby consent to my child's participation in voluntary athletic or recreation programs of the Town or Public School of Ayer.

I also agree to forever release the Town or Public School of Ayer, the School Committee, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs of the Town or Public Schools ("the Releasees") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the Town or Public School of Ayer voluntary athletic or recreation programs.

I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation in the Town or Public School of Ayer voluntary athletic or recreation programs.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this form. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in the Town or Public School's athletic or recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my child or I may suffer in voluntary Town or Public School athletic or recreation programs.

I acknowledge by signing this consent form that I have read the attached National Federation of State High School Associations "Parent's Guide to Concussion in Sports" information packet. I have also included on the back of this form any sports head injury history that my child may have suffered in the past.

School	Sport / Activity	
Date of Birth of Student (DOB)	Grade	
Address	Phone	
City	State	Zip Code
Primary Emergency Contact & Phone Number	Secondary Emergency Contact & Phone Number	
Signature of Parent or Guardian	Date	Relationship
Signature of Student	Date	

(This form may not be altered)

