

WAIVER FORM

Name: _____ Date of Birth _____
(Participant) Last First Middle Initial

Address: _____ () _____
Street Town State Zip Area Code HOME Phone (Not Cell Phone #)

Name of Program(s): Bubble Soccer

Release from Liability and Indemnity Agreement

I hereby consent to the following regarding recreation programs or extracurricular activities of the Town/City (including both the Morse Institute Library and the Bacon Free Library) and/or Public Schools of Natick (hereinafter "the Town/City").

I agree to forever RELEASE the Town/City, a municipal corporation of the Commonwealth of Massachusetts, and/or the Public Schools of Natick, the School Committee, and all their employees, officers, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic, recreation programs or extra-curricular activities of the Town/City or Public Schools ("the Releases") from any and all claims, actions, rights of action and causes of action, damages, costs, loss of services, expenses, compensation and attorney's fees that may have arisen in the past, or may arise in the future, directly or indirectly, from known and/or unknown personal injuries to myself or property damage resulting from my participation in the said Town/City and/or Public School's voluntary athletic, recreation program or extracurricular activity which I may now or hereafter have as the program attendee and which I have or hereafter may acquire.

I also promise, to INDEMNIFY, REIMBURSE, DEFEND and HOLD HARMLESS the Releases 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, including damages, costs and attorney's fees, arising from personal injuries to myself or property damage resulting from my participation in the Town/City and/or Public Schools of Natick voluntary athletic, recreation programs or extra-curricular activities or administration of first aid.

I further affirm that I have read this Parental Consent, Release from Liability And Indemnity Agreement, and that I understand the contents of this Agreement. I understand that my participation in these programs is voluntary and that I am free to choose not to participate in said programs.

By signing this agreement, I affirm that I have decided to participate in the Town/City and/or Public School's athletic, recreation programs or extracurricular activities with full knowledge that the Releases will not be liable to anyone for personal injuries and/or property damage I may suffer in the voluntary Town/City and/or Public School athletic, recreation programs or extracurricular activities.

I realize injuries can occur from participation in sports and other activities. Should I be taken to the hospital for emergency purposes, I hereby grant permission to the attending physician to administer anesthesia, medical, x-ray and surgical procedures as may be deemed necessary or advisable.

Signature _____ **Date** _____

Print Name: _____