

Boxford Summer Park Program Emergency Release Form

Participant Name: _____

Age: _____ Date of Birth: _____

Parent/Guardian: _____

Day Phone #: _____ Evening Phone #: _____ Cell Phone#: _____

Insurance Co.: _____ Policy #: _____

Doctor's Name: _____ Phone #: _____

In the event of an accident or illness we would appreciate having in our files two emergency numbers.

1. A close friend or relative who could be notified if you cannot be reached.
2. Someone we would notify in the event the first party cannot be contacted.

Name: _____ Relationship: _____

Address: _____ Day Phone #: _____

Name: _____ Relationship: _____

Address: _____ Day Phone #: _____

MEDICAL/BEHAVIOR INFORMATION

Please describe any allergies (particularly bee stings & nuts), medical conditions, prescribed medications, or behavioral issues we should be aware of. These will be kept in the strictest of confidence. Medications can not be distributed during activities. Please plan accordingly.

**** PLEASE READ AND SIGN THE FOLLOWING SECTION TO PARTICIPATE IN ALL ACTIVITIES****

I give my permission for my child to take part in all activities related to the Boxford Summer Park Program. I, on behalf of my child, hereby indemnify, release, hold harmless, and forever discharge the Boxford Park Program and the Tri-Town Council and its agents, employees, officers, directors, affiliates, successors, and assigns, of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages, and liabilities, of every kind and nature, whether known or unknown, in law or equity, that I or my child ever had or may have, arising from or in any way related to my child's participation in any activities conducted by, on the premises of, or for the benefit of, the Boxford Park Program or the Tri-Town Council; provided, that this waiver of liability does not apply to any acts of gross negligence, or intentional, willful, or wanton misconduct.

In the event that I am unable to authorize medical decisions for my child or I cannot be reached on behalf of my child, I authorize and direct the program directors and/or instructors to consent to Medical, Surgical or Dental Examination, treatments, etc.

Parent / Guardian Signature

Date

Photo Release (please check and initial): I hereby give permission _____ I do not give permission _____ for my child to be photographed for use by the Boxford Park Program or Tri-Town Council for program publicity. _____