

Athletic Department
Maynard High School
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Maynard, MA 01754
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Michael J. Graceffa, CAA
Athletic Director

**MAYNARD PUBLIC SCHOOLS
ATHLETIC PARENTAL CONSENT FORM**

Year _____

Fall Winter Spring

**Maynard Public Schools Athletics Parental Consent,
Release from Liability and Indemnity Agreement**

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 Town of Maynard, 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 and property damages which we/I may now or hereafter have as parent(s) or guardian(s) of said minor, and also all claims or right of action fro 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 Maynard Public Schools Physical Education Department's athletic programs: FURTHERMORE, we/I hereby agree to protect the Town of Maynard and its successors, departments, officers, employees, servants and agents, against any claims for damages, compensation or otherwise on the part of the said minor growing out of or resulting from injury to said minor in connection with his/her participation in the Maynard Public Schools Physical Eduxcation Department's voluntary athletic programs, and to IDEMNIFY, reimburse or make good to the Town of Maynard and 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 sports programs.

School _____ Sport _____

Signature(s) of Parent(s) or Guardian(s)
Relationship

Date

Signature of Student

This form may not be altered

Return signed form to coach at first tryout/practice