

Release Form

Newton Parks and Recreation Department 2007 – 2008 SMASH Volleyball Programs

- In order to participate we **MUST** have your signed Newton Parks and Recreation Department “**Release Form.**” (below)
- Participation in SMASH Programs requires this form
- Please submit it on site at the tryouts

Child's Name: _____

Phone #: _____

Email address: _____

Street Address: _____

Town: _____

Zip code: _____

Date: ____/____/____ (month/date/year) (Note: not today's date!)

I, the undersigned, do hereby consent to have my child participate in a voluntary SMASH Volleyball Program

In signing this consent I do forever RELEASE, acquit, discharge, and covenant to hold harmless the City of Newton, 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 action, 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 or property damage which I may now or hereafter have resulting or to result from child's participation in the SMASH Volleyball Program.

FURTHERMORE, I hereby agree to protect the City of Newton and its successors, departments, officers, employees, servants and agents against any claim for damages, compensation or otherwise growing out of or resulting from injury to my child in connection with his/her participation in the SMASH Volleyball Program and to IDEMNIFY or make good to the City of Newton 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 my child's participation in the SMASH Volleyball Program.

Parent/Guardian's signature: _____

Please PRINT parent/guardian's name: _____

Date signed: ____/____/____ (month/date/year)