

- In order to participate we **MUST** have your signed Newton Parks and Recreation Department “**Release Form.**” (below)
- Please mail the form to: Judy Slamin, 35 Washburn Street, Newton, MA, 02458
- If you have not mailed it by July 15, you **must** bring the signed form on your child’s first morning, or, you may fill one out and sign it on site
- NO Clinic activity will be possible without a completed **Release Form**

**Newton Parks and Recreation Department
2008 SMASH Volleyball Summer Clinic
Release Form**

Child’s Name: _____
 Phone #: _____
 Email address: _____
 Street Address: _____
 Town: _____
 Zip code: _____
 Birth date: ____/____/____ (month/date/year) (NOT today’s date!)

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

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 Clinic.

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 Clinic 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 Clinic.

Parent/Guardian’s signature: _____

Please PRINT parent/guardian’s name: _____

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