



Cops And Teens Sports CAMP



Permission Slip/Medical Waiver

Student's name: _____

Address: _____

City, ZIP: _____

Child's Date of Birth: _____ Child's Grade in September 2019: _____

Responsible adult or primary contact: _____ Relationship: _____

Contact Home Phone Number: _____

Cell Number _____

Contact Email address: _____

Alternate Contact: _____

Alternate Contact Phone: _____ Relationship: _____

I, _____, give permission for my child, _____ to participate in the West Bridgewater Police Department's CATS Camp, and hereby acknowledge and agree as follows:

- I understand that when engaging in physical activities there are certain risks, including fatigue and injury; that these and other risks may be caused by the conditions existing at the time, both physical and environmental, and that there may be other risks either known or unknown or not foreseen at this time. I fully understand these risks.
- I understand that my child's involvement in these activities is voluntary and he/she freely chooses to participate and will be given the opportunity to opt out at any time.
- I acknowledge that the Town of West Bridgewater does not provide any kind of medical coverage for my child, should they be injured or as a result of participation in these activities.
- I authorize any and all emergency medical treatment deemed necessary by the emergency medical technician or other staff personnel certified to provide emergency first aid at the program for my child.
- I fully understanding the risks involved and the opportunity I am being afforded and by my signature on page two (2) of this agreement, I agree to the following Release, Waiver of Liability, and Indemnification:

IN CONSIDERATION OF THE OPPORTUNITY TO PARTICIPATE, I HEREBY WAIVE AND RELEASE THE TOWN OF WEST BRIDGEWATER, ITS EMPLOYEES, OFFICERS, OFFICIALS, AND AGENTS FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, LOSSES OR DAMAGES RESULTING TO MYSELF AS A CONSEQUENCE OF MY CHILDS PARTICIPATION IN THIS CAMP.

IN FURTHER CONSIDERATION OF THE OPPORTUNITY TO PARTICIPATE IN THIS SPORTS CAMP, I AGREE TO HOLD HARMLESS, INDEMNIFY, ANSWER AND DEFEND THE TOWN OF WEST BRIDGEWAER, ITS EMPLOYEES, OFFICERS, OFFICIALS AND AGENTS FROM ANY AND ALL ACTIONS, CAUSES OF ACTION, CLAIMS, AND ANY LIABILITIES, LOSS, DAMAGES OR COSTS WHATSOEVER, KNOWN OR UNKNOWN, WHICH MAY ARISE ON ACCOUNT OF, OR IN ANY WAY BE RELATED TO, MY CHILD'S PARTICIPATION IN THE ACTIVITIES DESCRIBED HEREIN.

I acknowledge that I have read this two (2) page release, waiver of liability, and indemnification agreement and that I fully understand it.

Name: _____ Date: _____

Signature: _____