

TOWN OF HULL, MASSACHUSETTS
PARK AND RECREATION DEPARTMENT
SURF PROGRAM BY SOUTH SHORE SURF CAMP AUTHORIZATION AND RELEASE FORM
TO BE COMPLETED BY PARTICIPANT
AND/OR BY BOTH PARENT/GUARDIAN AND STUDENT IF PARTICIPANT IS A STUDENT

DATE: _____ Cost: \$ _____;

Name of Participant: _____ Date of birth (Participant's): _____

Name of Parent(s)/Guardian(s) if Participant is a Student: _____

(Check one- _____ Parent _____ Guardian, which terms are interchangeable)

Participant Address: _____

Parent/Guardian Address if different: _____

Participant tel. number: _____; cell number: _____; email: _____

Parent/Guardian tel. number: _____; cell number: _____; email: _____

Emergency Contact: _____; relationship _____; tel. no. _____; cell no. : _____

The following special health problems concerning the Participant should be noted – if none, please check “none”;

- Heart condition Allergy (specify below whether food, bee sting, etc.) Asthma
 Hemophilia Diabetes Other (provide information) None

Describe condition noted above with particularity, including any medications or other instructions:

Participant’s physician: _____ Physician’s phone number _____

This information will only be shared on a need-to-know basis.

In terms of any particular medical or special health problems/issues involving myself or my child/ward, I certify that I/or my child/ward is sufficiently trained to recognize such medical issues and to act accordingly. It is understood that no one associated with this activity is expected to provide any particular monitoring or attention to me or my child/ward on account of same. Such information is only being provided for informational purposes.

Student does hereby consent to participate in, and Parent/Guardian does hereby consent to student’s participation in, the above field trip or program, a recreation program of the Town of Hull. In consideration for the acceptance of my participation and my child/ward being allowed to participate in this activity, we do hereby waive, release and forever discharge the Town of Hull, and all their employees, agents, board members, volunteers, chaperones and any and all individuals and organizations assisting or participating in the recreation programs (“the Releasees”) from any and all claims, rights of action and causes of action, known or unknown, including but not limited to those based upon the negligence, action or inactions of the Releasees for any and all injury, illness, damage or loss directly or indirectly, from personal injuries to ourselves or either of us or property damage resulting from our participation in the Town of Hull recreation programs and in particular the above field trip or program.

We also agree to indemnify, defend, and hold harmless the Releasees against any and all claims or causes of action, known or unknown, costs, losses or the like which directly or indirectly, arising from personal injuries to myself, my child/ward or property damage resulting from either of our participating in this recreation program. The indemnification, defense and hold harmless rights and obligations shall accrue immediately upon the utterance of a claim or complaint covered by this agreement, regardless of other claims simultaneously brought, and shall not be contingent upon the merits of such claim or questions of fact raised by the claim or complaint.

We understand that our participation in the recreation program is voluntary and that we are free to choose not to participate in said program. By signing this form, we affirm that we have decided to participate in recreation program with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage or other losses that we may suffer as a result of our participation in the recreation program.

This release specifically applies to the times before, during, or after such participation, including travel to or from an activity or event whether by private transportation or Town of Hull provided transportation, or on account of any first aid, treatment or service provided or not provided.

We certify that I and/or my child or ward are physically fit, sufficiently trained and capable to participate this activity or program, its activities and events, and have not been advised otherwise by a qualified medical person or other person. I authorize medical treatment and services for myself and/or my child or ward if the need arises and I assume all responsibility and will fully pay for or indemnify the released parties for all medical and other costs incurred for such treatment and services.

If the participant is a minor or otherwise legally incapacitated, the undersigned parent and natural guardian or legal guardian of the participant hereby represents and certifies that he or she is, in fact, the parent or legal guardian of said child or ward and that he or she possesses the authority to act in such capacity and does hereby so act and agrees to indemnify, defend and hold harmless the released parties from all liabilities and costs as outlined above as may be imposed upon the released parties because of any defect in or lack of legal capacity to execute this release and so act and to release said parties on behalf of the child or ward and parents or guardians and others as outlined above.

I/We consent and give permission to the Town of Hull and those acting under its authority or permission to create and use images of me/my child/ward and to use my and/or said minor's name, photograph and/or likeness on its website, cable programming, public relations, publications and in any other medium (such as newspaper, internet, cable, websites, etc.).

I/We hereby authorize Town's employee(s) or agent(s) or volunteer(s) who is supervising said me or my minor child or ward to act on our behalf in authorizing and consenting to emergency medical care if I, he/she becomes ill or is injured while participating in this event. This Authorization and Consent may be presented to the appropriate emergency medical staff at such time as emergency medical care is required. The within indemnification, defense and hold harmless agreements specifically apply to any and all claims of any nature whatsoever, which may arise out of the decision to provide or not provide emergency medical care. I understand the Town does not provide medical insurance for me/my child/ward for purposes of this activity, and I am solely responsible for providing such insurance and for payment of any medical treatment expenses that are not covered by insurance. I agree to be fully responsible for any medical costs or expenses incurred.

CONSENT FOR MEDICAL TREATMENT OF A MINOR. As parent or legal guardian of the minor named on this form I give my consent to seek, obtain, and provide emergency medical treatment for such minor in case of injury that occurs while participating in this program and related activities. This care may be given under whatever conditions are necessary to preserve life, limb, or wellbeing of such minor. I understand that such treatment will be sought and provided only in an emergency and that reasonable efforts will be made to contact me before providing such treatment if circumstances permit.

I/parent/guardian of the person named on this form, agree that I and my child/ward will abide by the rules and policies of Town of Hull Park and Recreation Department and its Programs, including generally accepted standards of conduct, and understand that failure to adhere to such rules, policies and standards may result in expulsion from the Program without a refund. By the student signing this form, the student specifically acknowledges understanding the appropriate conduct that is expected and agrees to comply with same. All school rules and acting in a safe and orderly manner at all times is required and all are expected to follow all reasonable requests of the chaperones or other persons in charge.

By signing this document we acknowledge that we have read it, verify its accuracy, agree to the statements made above and understood its contents, and agree to be bound by the terms thereof in its entirety. It is acknowledged and understood that this document is not an explicit and specific assurances of safety or assistance.

Signature(s) of Parent(s) or Guardian(s) if Participant is a Student

Date _____
Relationship _____

Witness only to Parent or Guardian

Signature of Participant

Witness only to Participant

This form may not be altered

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