Shaping the Future…Together

Port Jervis

CITY SCHOOL DISTRICT

Administrative Offices
9 Thompson Street, P.O. Box 1104
Port Jervis, New York 12771
Phone (845) 858-3100
Fax (845) 856-1885

MINOR RELEASE FORM

Participant's Name (Please Print): _____

_____ **(parent or legal guardian)** does hereby covenant and agree to release and
Please Print Name

hold harmless the Port Jervis City School District from and against any and all liability, loss, damages, claims or actions (including costs and attorneys fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of participation in the _____ **(name of event)**.

I understand participation in the _____ **(name of event)** involves rigorous physical activity and risks of physical injury, and we assume these risks. I hereby consent to emergency transportation and treatment in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation or treatment on behalf of the participant. I further certify that the participant is in good physical condition, and has no medical or physical conditions that would restrict his/her participation in this event.

_____ _____
Signature of Parent or Legal Guardian **Date**

Participant's Address: _____

_____

Emergency Contact Information:

Name: _____

Address: _____

Phone: **Home:** _____ **Cell:** _____