

# Release Form

## 2018 – 2019 SMASH Volleyball Programs

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

Child's Name: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (month/date/year) *(Note: not today's date!)*

Phone #: \_\_\_\_\_ (best # to reach PLAYER)

\*\*\*\*Phone #: \_\_\_\_\_ (best # to reach PARENT)

Email address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_

Zip code: \_\_\_\_\_

I, the undersigned, do hereby consent to have my child participate in a voluntary SMASH Volleyball Program in the 2018-2019 season (September, 2018-August, 2019)

In signing this consent I do forever RELEASE, acquit, discharge, and covenant to hold harmless the The Rivers School in Weston, Boston Basketball Club in Waltham, and 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)