



newton community education

**Waiver/Indemnification Form**

Player's full name \_\_\_\_\_

Grade entering (in fall) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Name/Date of Camp(s)

Parent/Guardian full name \_\_\_\_\_

Phone #: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell/Other \_\_\_\_\_

E-mail: \_\_\_\_\_

Person to notify in emergency \_\_\_\_\_ Phone \_\_\_\_\_

Child's health insurance company \_\_\_\_\_ Health insurance policy # \_\_\_\_\_

Child's doctor's name \_\_\_\_\_ Doctor's phone \_\_\_\_\_

Medical Concerns/Allergies of player (if none please write NONE, if yes please describe and see the program instructor)

I/We, do hereby CONSENT to my child's participation in NCE Summer Sports, a voluntary athletic program sponsored by Newton Community.

I/We RELEASE and discharge Newton Community Education, Newton Public Schools, the City of Newton and its vendors, departments, officers, employees, and agents (hereinafter collectively referred to as "Newton"), from any and all claims, damages, losses or expenses of whatever kind or nature that I/we may have or acquire arising out of or resulting, directly or indirectly, from my child's participation in the athletic program.

I/We also RELEASE and discharge Newton from any and all claims, damages, losses or expenses of whatever kind or nature that my child may have or acquire arising out of or resulting from, directly or indirectly, his/her participation in the athletic program.

I/We furthermore agree to defend and INDEMNIFY Newton against any claim, damage, loss or expense of whatever kind or nature that Newton may have to pay that arises from my child's intentional, grossly negligent, or reckless acts or omissions while participating in the athletic program.

In addition, I/we hereby attest that my child has been examined by a pediatrician and is physically fit to participate in NCE Summer Sports. In my/our absence, I/we authorize Newton's employee(s) or agent(s) supervising my/our child to act on our behalf in authorizing and consenting to emergency medical care for my/our child if he/she becomes ill or injured while participating in the sports camp. This authorization and consent may be presented to the appropriate emergency medical staff at such time as emergency medical care is required. I/we hereby RELEASE and discharge Newton from any and all claims of any nature whatsoever that may arise out of the decision to provide emergency medical care.

**Signature of parent(s) or legal guardian:**

\_\_\_\_\_ Date \_\_\_\_\_