



# Parker Ski/Snowboard Club at Wachusett

## Authorization and Release of Liability Agreement

I, \_\_\_\_\_ parent/guardian of the student listed below, give permission for him/her to participate in this ski/snowboard program. By signing, as parent/guardian, I agree to the maximum extent permitted by law, to indemnify and save harmless the Francis W. Parker Essential Charter School, its officers, agents, volunteers, and employees from and against any and all damages, liabilities, actions, suits, proceedings, claims, demands, losses, costs and expenses (including reasonable attorneys' fees) that may arise out of or in connection with my child/student' participation in this program.

I recognize the possibility of physical injury associated with skiing and I agree to release and hold harmless the Francis W. Parker Charter Essential School, the members of the school and its officers, agents, volunteers, and employees from any and all liability for personal injuries to my child/student or other damage to persons or property that might result in any way from his/her participation in this program. It is also agreed that the coordinators, chaperones and Francis W. Parker Charter Essential School are not responsible for lost or stolen equipment and it is the student's full and complete responsibility for all personal property and possessions.

In case of an incident of emergency I give permission for my child to receive proper medical treatment and or be transported to a hospital by ambulance. All incurred expenses will be my responsibility.

Student(s) name: \_\_\_\_\_

Parent(s)/Guardian: \_\_\_\_\_

**BEST** email you check regularly: \_\_\_\_\_

**BEST** phone number in case of emergency: \_\_\_\_\_

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

Phone: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Alternative/emergency contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

If my child has any medical conditions, challenges, or problems that the Ski/Snowboard Club should be made aware of, I have indicated such details below. (Attach any and all additional information required.)

Medical Information: (i.e. allergies, medication, inhalers, known limitations, etc...)  
\_\_\_\_\_  
\_\_\_\_\_

I have read the Medical Authorization and Release of Liability Agreement and accept the terms and conditions.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please **electronically sign or scan and email** to: [parkerskiclub@gmail.com](mailto:parkerskiclub@gmail.com)  
[Jill Hennessey](tel:978-235-0647) 978-235-0647; [Steve Tarver](tel:781-888-1966) 781-888-1966 - Parker Ski/Snowboard Club Coordinators  
**Or mail** form to: Jill Hennessey, 26 Auman Street, Devens, MA 01434

Form must be signed before Student(s) will be allowed to Ski/Snowboard.