



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
[Leslie Neville](#) -Parker Ski/Snowboard Club Coordinator 978-855-1494
Or mail form to: Leslie Neville, 117 East Bare Hill Road, Harvard, MA 01451

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