

Parental Consent / Emergency & First Aid / Release from Liability Form

A separate form for each student under 18 must be completed by a parent/guardian and returned to Hitchcock Academy before participation in any program. Form will be valid for all youth programs held at Hitchcock Academy from January 1, 2024 to December 31, 2024. No refunds unless a class/program is canceled.

Please print clearly: Child's Name:	Age:	Grade:	Date of Birth:
Parent(s)/Guardian:			
Address:			
Cell: Hom	ne Phone:		
Email:			
List other persons authorized to pick up the child.			
Name:	Cell :		
Name:			·····
Name:	Cell :		· · · · · · · · · · · · · · · · · · ·
Please list any medical (i.e. allergies, asthma etc) or social bel	navioral conditions sta	ff should be	e aware of:
I/we, the undersigned parent or guardian (circle or insert legal relations and arts programs of Hitchcock Free Academy and fur I/we also agree to forever RELEASE Hitchcock Free Academy, a pur volunteers and any and all individuals and organizations assisting of Academy ("the Releasees") from any and all claims, actions, rights expenses, compensation and attorneys' fees that may have arisen known and unknown personal injuries to my/our child or property programs which I/we may now or hereafter has as the parent(s) on hereafter may acquire, either before or after reaching majority. I/we also promise to INDEMNIFY, REIMBURSE, DEFEND, and HOLD proceedings of any description that may have been asserted in the including damages, costs and attorneys' fees, arising from personal my/our child's participation in Hitchcock Free Academy programs I/We further affirm that I/we have read this Parental Consent. Relunderstand the contents of this Agreement, I/we understand that that my/our child and I/we are free to choose not to participate I shave decided to allow my/our child to participate in Hitchcock Free not be liable to anyone form personal injuries and property damager.	c hereby content to my/ rther authorize the adm ablic non-profit and all its or participating in volunt of of action and causes of in the past, or may arise d damage resulting from r guardian(s) of said min of HARMLESS the Release e past, or may be asserted injuries to my/our child or from the administrati ease from Liability and I my/our child's participa said programs. By signin e Academy programs wi	our child's painistration of semployees, tary program action, damae in the futur my child's pain child and es against ared in the futur d property dion of first aindemnity Agation in these g this agreenth full knowl	articipation in voluntary f basic first aid to my child. , officers, agents, trustees, of the Hitchcock Free ages, costs, loss of services, re, directly or indirectly, from articipation in the said which said minor child has or my and all legal claims and ure, directly or indirectly, amage resulting from d. reement, and that I/We e programs is voluntary, and ment, I/we affirm that I/we ledge that the Releasees will
Signature of Parent/Guardian	Ī	Date	
Office Paceived (initial):			