



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, 2025 to December 31, 2025. No refunds unless a class/program is cancelled.

Please print clearly:

Child's Name: _____ Age: ____ Grade: ____ Date of Birth: _____

Parent(s)/Guardian: _____

Address: _____

Cell: _____ Home Phone: _____

Email: _____

List other persons authorized to pick up the child.

Name: _____ Cell : _____

Name: _____ Cell : _____

Name: _____ Cell : _____

Please list any medical (i.e. allergies, asthma etc) or social behavioral conditions staff should be aware of:

Permission to take photos/videos for promotional purposes: Yes ____ No ____

I/we, the undersigned parent or guardian (circle or insert legal relationship to child, e.g. , "parent", "guardian") of _____ (insert name of minor), a minor, do hereby content to my/our child's participation in voluntary recreational and arts programs of Hitchcock Free Academy and further authorize the administration of basic first aid to my child. I/we also agree to forever RELEASE Hitchcock Free Academy , a public non-profit and all its employees, officers, agents, trustees, volunteers and any and all individuals and organizations assisting or participating in voluntary program of the Hitchcock Free Academy ("the Releasees") from any and all claims, actions, rights of action and causes of action, damages, costs, loss of services, expenses, compensation and attorneys' fees that may have arisen in the past, or may arise in the future, directly or indirectly, from known and unknown personal injuries to my/our child or property damage resulting from my child's participation in the said programs which I/we may now or hereafter has as the parent(s) or guardian(s) of said minor child and which said minor child has or hereafter may acquire, either before or after reaching majority. I/we also promise to INDEMNIFY, REIMBURSE, DEFEND, and HOLD HARMLESS the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, including damages, costs and attorneys' fees, arising from personal injuries to my/our child property damage resulting from my/our child's participation in Hitchcock Free Academy programs or from the administration of first aid. I/We further affirm that I/we have read this Parental Consent. Release from Liability and Indemnity Agreement, and that I/We understand the contents of this Agreement, I/we understand that my/our child's participation in these programs is voluntary, and that my/our child and I/we are free to choose not to participate in said programs. By signing this agreement, I/we affirm that I/we have decided to allow my/our child to participate in Hitchcock Free Academy programs with full knowledge that the Releasees will not be liable to anyone from personal injuries and property damage my/our child or I/we may suffer in said programs.

I agree and attest to the above:

Signature of Parent/Guardian

Date

Office Received (initial): _____ Date: _____