

Bedford Public Schools Community Education Department

Release of Liability and Indemnification Clause

Registration in any Youth Programs & Adult Fitness classes will require the signing of this waiver. It must be presented at the first meeting of the class or league. Any student who is under the age of 18 years must have this form signed by a parent or legal guardian. (See bottom of form)

In consideration of the use of the building and facilities provided by Bedford Public Schools Community Education Department ("District") I the undersigned agree to all of the following:

- I agree that all physical exercise and athletic activities have the potential for personal injury, death or property damage.
- I know that I must assume all risks of injury that may occur out of my participation in District sponsored fitness or athletic activity.
- I certify that I am physically able to participate in the activity for which I am registering and no medical reason exists that would prevent my participation.
- I agree to defend, indemnify and hold the District and the board members, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used in conducting the event with respect to any and all injury, liability, death or loss to person or property, harmless from and against all claims, suits, liabilities, costs and expenses (including reasonable attorney fees) for any injury, damage, losses, personal injury including death or property damage arising out of my participation in any District activity. I assume all risks associated with my participation in any Community Education activity. This indemnity clause shall survive termination of this document.
- I attest that I will not at any time directly or indirectly commence or prosecute any action, suit or other proceedings against Bedford Schools or Community Education or its employees arising from or relating to my use of equipment or participation in affiliated activities.
- I do give permission for medical treatment to be administered in the event of injury, accident or illness that may occur during my participation in activities at or with Bedford Schools and Community Education.
- I am of legal age to sign this binding legal document in accordance with the provisions contained herein.

Name of Class/League _____ Year _____

PRINT Name of Participant _____ Date _____

Participant's Signature _____

If the participant is not at least 18 years of age, a parent or legal guardian must sign below.

PRINT Parent/Guardian Name _____

Emergency phone number(s) _____

Parent/Guardian Signature _____ Date _____

Bring this form to 1st practice or class

July 1, 2012