

Adult Release and Emergency Information Sheet

Please write clearly

Name: first, middle initial, last

Email

M **F**

Sex (circle one)

Birthdate

Street Address

Town and zip code

home telephone

Doctor's name

telephone

Insurance Provider

Policy #

Subscriber's name

Medical Information

Please state any medical conditions or allergies of which the staff should be aware (write none if there aren't any)

In the case of an emergency, who shall we contact? We must have TWO people to call upon.

_____()_____
_____()_____

Release

I, the undersigned _____ do hereby consent to the terms of this Release with regard to my participation in voluntary programs of the Town of Andover's Youth Services Division.

I hereby agree to forever release the Town of Andover, and all of their employees, agents, officials, board members, volunteers and also any and all individuals and organizations assisting or participating in programs of the Youth Services Division ("the Releasees") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to me or property damage resulting from my participation in the Town of Andover's voluntary programs in the Youth Services Division.

I also promise, to indemnify, 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, arising directly or indirectly from my participation in the Town of Andover's voluntary programs in its Youth Services Division.

I further affirm that I have read this Release Form and that I understand the contents of this Form. I understand that my participation in these programs is voluntary and that I am free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to participate in these programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage which I may suffer in these programs.

Signed _____ Date _____

Andover Youth Services

Town Offices, 36 Bartlett Street, Andover, MA 01810

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