COHASSET PUBLIC SCHOOLS
RELEASE AND INDEMNIFICATION AGREEMENT

I the undersigned, ____________________________, do hereby consent to the participation in the ____________________________ on ____________________________.

I understand that participation in the program or event is not required and that participation is voluntary.

I have read and understood the information provided by the school that explained the program or event, including the training of participants, the eligibility and safety rules, any equipment to be used, the medical insurance requirements and the school’s emergency medical plan. I have had an opportunity to ask questions and have had all of my questions adequately answered by school staff.

I understand the activities of this program or event, its rules and requirements and its potential risks. I accept these conditions and hereby willingly participate. I hereby forever release the Town of Cohasset, the Town of Cohasset School Department and its officers, employees, agents and volunteers from any and all claims for damages with respect to or in connection with all known and unknown personal injuries incurred by me while participating in the program or event except for damages caused solely by the negligence of the town of Cohasset School Department or its officers, employees, agents or volunteers. I hereby agree to indemnify and hold harmless the Town of Cohasset, the Town of Cohasset School Department and its officers, employees, agents and volunteers with respect to any such claims for damages which are not caused solely by the negligence of the Town of Cohasset, the Town of Cohasset School Department or its officers, employees, agents or volunteers.

Witness the hand of the undersigned this _____ day of ______, ______.

Witness: ____________________________________________

Participant’s Name: ____________________________________________

Participant’s Signature: ____________________________________________