



## GREENS FARMS ACADEMY SQUASH PROGRAM PARTICIPANT RELEASE

This release must be completed and signed by a parent or guardian for each student participating in any squash activities at Greens Farms Academy, including: lessons, clinics, tournaments, camps, events with guest instructors, and other squash related activities.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Phone :(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Emergency Contact Info:

Contact Name: \_\_\_\_\_ Contact Phone :(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship to Emergency Contact: \_\_\_\_\_

### GENERAL RELEASE OF LIABILITY

This GENERAL RELEASE OF LIABILITY, executed on \_\_\_\_/\_\_\_\_/\_\_\_\_, by [**name of parent or guardian**]

\_\_\_\_\_ (hereinafter the "Releasor"), provides as follows:

I agree to allow my child \_\_\_\_\_ to participate in various squash programs at Greens Farms Academy (hereinafter "GFA") for the 2018-2019 school year and the summer of 2019. I further agree and acknowledge that GFA is under no obligation to allow s/he to participate in this program.

I agree that GFA is in no way responsible for the safekeeping of my child's personal belongings while s/he participates in squash programs at GFA. I understand that this program may be physically strenuous, and I voluntarily give permission for my child to participate in it with full knowledge that there is risk of personal injury, property loss or death.

In consideration of my child being permitted to participate in squash programs at GFA, I hereby completely release and forever discharge Greens Farms Academy, its past, present and future agents, trustees, directors, officers, employees, fiduciaries, representatives, successors and assigns, from any and all past, present, or future claims, causes of action, or damages resulting from any injuries sustained by or related to my child's participation in this program.

The Releasor acknowledges that s/he has carefully read the foregoing General Release of Liability and understands the contents thereof and signs this Release as his/her own free act.

\_\_\_\_\_  
Signature of Releasor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Releasor