

WELLESLEY HIGH SCHOOL



ATHLETIC DEPARTMENT
Home of the "Raiders"

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Athletic Transportation Release Form 2

Name of Student Athlete _____ (Please print) YOG _____

Sport _____

Location of Contest _____ Date of Contest _____

By my signature below, I agree that my child can be transported by _____ to and/or from the aforementioned athletic contest, releasing Wellesley Public Schools and its employees from any responsibility and/or liability. I also agree to forever release the Town of Wellesley/Wellesley Public Schools, the School Committee, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic programs and field trips of the Town of Wellesley/Wellesley Public Schools ("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 or property damage resulting from my child riding with _____ to the Town of Wellesley/Wellesley Public Schools' voluntary athletic program and/or competitions.

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, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation in the Town of Wellesley/Wellesley Public Schools' voluntary athletic or recreation programs.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to ride with another adult with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my child or I may suffer in voluntary Town/City or Public School athletic programs.

Signature of Parent or Legal Guardian

Date