



# CENTRAL MASSACHUSETTS MIDDLE SCHOOL



## SUMMER SHOW CHOIR CLINIC

### Parental Consent Release from Liability and Indemnity Agreement

We the undersigned father and/or mother or guardian(s) of \_\_\_\_\_, a minor, and said minor, do hereby consent to his/her participation in voluntary music programs and do forever RELEASE, acquit, discharge and covenant to hold harmless the Dudley-Charlton Regional School District, a regional school district in the Commonwealth of Massachusetts, and its successors, departments, officers, employees, servants, and agents of and from any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which we/I may now or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or right of action for damages which said minor has or hereafter may acquire, either before or after he/she has reached his/her majority resulting or to result from his/her participation in the Dudley-Charlton Regional School District music programs; FURTHERMORE, we/I hereby agree to protect the Dudley-Charlton Regional School District, and its successors, departments, officers, employees, servants and agents against any claim for damages, compensation or otherwise on the part of said minor growing out of or resulting from injury to said minor in connection with his/her participation in the Dudley-Charlton Regional School District's voluntary music programs, and to INDEMNIFY, reimburse or make good to Dudley-Charlton Regional School District, or its successors, departments, officers, employees, servants and agents any loss and damage and costs, including attorney's fees, the District or its representatives may have to pay if any litigation arises from said minor's intentional, grossly negligent, negligent, or reckless acts or omissions while participating in the said music programs.

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Student's Last Name First Name MI

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Home Address Zip Code

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Telephone No.

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Signature of Parent/Guardian

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Date

### IN CASE OF EMERGENCY CALL

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Name Telephone # Relationship

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Name Telephone # Relationship

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Family Health Insurance Plan Policy N0.