## **Hanover Public Schools**

Matthew A. Ferron
Superintendent of Schools

**Deborah St. Ives**Assistant Superintendent



Thomas R. Raab, Ed.D. Business Manager

Joan Woodward
Director of Student Services

## HANOVER PUBLIC SCHOOLS PARENTAL PERMISSION, RELEASE AND INDEMNIFICATION AGREEMENT

I, the undersigned student aged 18 or over, or the undersigned parent or lawful guardian of

(name of student)		onsent to the purticipation of	in the
	program offered by		. I/we understand that participation
(name of activity/event/sport, etc.)		(school name and date(s) of activity)	I/we understand that participation
in the program or event is no	ot required and that partici	ipation is voluntary.	
including the training of par	ticipants, the eligibility an l's emergency medical pla	an. I/we have had an opportunit	explained the program or event, so be used, the medical insurance by to ask questions, and have had all
accept these conditions and Hanover, the Hanover Publi claims for damages with res participating in the program Department or its officers, e of Hanover, Hanover Public	hereby grant permission for School Department and pect to or in connection we or event except for damage imployees, agents, or volumes School Department and in the are not caused by the second permission of the second per	or my/our child's participation its officers, employees, agents, with all known personal injuries ges caused by the negligence of inteers. I/we hereby agree to incee to officers, employees, agents, negligence of the Town of Ham	nents, and its potential risks. I/we I/we hereby release the Town of or volunteers from any and all incurred by my/our child while if the Hanover Public Schools demnify and hold harmless the Town and volunteers with respect to any lover, the Hanover Public School
Student's Name:			Date:
Parent/Guardian Signature:			Date:
Parent/Guardian Signature:			Date:
Signature of student age 1	8 or over:		

Revised: 8/07/13