



TOWN OF YARMOUTH
PARKS AND RECREATION DIVISION
424 Route 28, West Yarmouth, MA. 02673

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Director
Patricia M. Armstrong, CPRP

Assistant Director
Mary C. Franklin

CONSENT AND RELEASE FORM FOR CHILDREN

I, _____ parent/grandparent of: **(list all children in programs)** _____ hereby consent to my child's participation in voluntary athletic or recreation programs of the Town of Yarmouth. I also agree to forever release the Town of Yarmouth, Board of Selectmen, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs of the Town ("the Releases") 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 to my child or property damage resulting from my child's participation in the Town voluntary athletic or recreation programs.

I also promise, to indemnify, defend, and hold harmless the Releases 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 Yarmouth 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 participate in the Town recreation programs with full knowledge that the Releasee will not be liable to anyone for personal injuries and property damage my child or I may suffer in voluntary Town recreation programs.

Refund Policy:

- 1. No refund for removal from a program due to disciplinary problems.**
- 2. Full refunds will be given for medical reasons with a Dr's note submitted.**
- 3. Refund requests for any other reason will be reviewed by the Recreation Commission and may have a cancellation fee of up to 50% applied.**

Parent Grandparent or Guardian's Signature

Date

Phone where I can be reached