

**CONCORD PUBLIC SCHOOLS  
CONCORD-CARLISLE REGIONAL SCHOOL DISTRICT**

120 MERIAM ROAD, CONCORD, MA 01742 PHONE: 978.341.2490 FAX: 978.318.1539 [www.concordpublicschools.net/](http://www.concordpublicschools.net/)

**VOLUNTARY SCHOOL RELEASE FORM**

I, the undersigned (insert legal relationship to student, e.g., "parent," "guardian") of (insert name of student) ("my child"), a minor, do hereby consent to my child's participation in voluntary athletic, recreation or travel programs of the Concord Public Schools or the Concord Carlisle Regional School District.

I also agree to forever release the Concord Public Schools, the Concord Carlisle Regional School District, the School Committee, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic, recreation or travel programs of the Concord Public Schools or the Concord Carlisle Regional School District 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 Concord Public Schools or the Concord Carlisle Regional School District voluntary athletic, recreation or travel programs.

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 Concord Public Schools or the Concord Carlisle Regional School District voluntary athletic, recreation or travel 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 Concord Public Schools or the Concord Carlisle Regional School District's athletic, recreation or travel programs 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 Concord Public Schools or the Concord Carlisle Regional School District athletic, recreation or travel programs.

Signed: \_\_\_\_\_

Parent or Guardian of: \_\_\_\_\_

Date: \_\_\_\_\_