



# Port Jervis CITY SCHOOL DISTRICT

Administrative Offices  
150 Pike Street  
Port Jervis, New York 12771  
District Office Tel 845-858-3100

## ADULT RELEASE FORM

\_\_\_\_\_  
**Name of Participant - Please PRINT**

\_\_\_\_\_  
**Date of Event**

\_\_\_\_\_  
**Name of Event - Please PRINT**

The above stated Participant does hereby covenant and agree to release and hold harmless the Port Jervis City School District from and against any and all liability, loss, damages, claims or actions (including costs and attorneys fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of participation in the above named event. I understand participation in the above named event involves rigorous physical activity and risks of physical injury, and I assume these risks. I hereby consent to emergency transportation and treatment in the event of illness or injury, and accept responsibility for the payment of any emergency transportation or treatment.

I further certify that I am in good physical condition, and have no medical or physical conditions that would restrict my participation in this event.

\_\_\_\_\_  
**Participant's Signature**

\_\_\_\_\_  
**Participant's Street Address**

\_\_\_\_\_  
**City, State, Zip Code**

### EMERGENCY CONTACT INFORMATION

\_\_\_\_\_  
**Name of Emergency Contact- PRINTED**

\_\_\_\_\_  
**Emergency Contact Phone number(s)-include Area Code**

\_\_\_\_\_  
**Emergency Contact Address**

\_\_\_\_\_  
**City, State, Zip Code**