



Port Jervis

CITY SCHOOL DISTRICT

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

MINOR PARTICIPANT RELEASE FORM

Name of Participant - Please PRINT

Date of Event

Name of Event - Please PRINT

The above stated Participant is a minor, and as their parent (or legal guardian), I 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 the participant is in good physical condition, and has no medical or physical conditions that would restrict their participation in this event.

Signature of Parent or Legal Guardian

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