



Blackstone Valley Regional Vocational Technical High School

65 Pleasant Street
Upton, MA 01568-1499

Fitness Center Hours

Monday thru Thursday, 2:30pm-5:00pm

All students and staff must have a Consent Form on File prior to using the facility

PARENTAL CONSENT FORM FOR FITNESS FACILITY

Blackstone Valley Regional Vocational Technical High School Parental Consent Release and Indemnity Agreement.

School Year: _____

I/We do not know of any existing physical or mental condition that would preclude _____
_____’s participation in the fitness facility.

I/We the undersigned father and/or mother or guardian(s) of _____ a minor, in consideration of permitting _____ to participate in Fitness Facility, do hereby consent to his/her participation in the Fitness Facility and do forever RELEASE, acquit, discharge, and covenant to hold harmless the Blackstone Valley Regional School District, and its successors, governing body, departments, officers, employees, servants and agents, of and from any and all actions, causes of actions, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damages which we/I may now or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or right of action for damages which said minor has or hereafter may acquire, either before or after he/she has reached his/her majority resulting or to the result from his/her participation in the Blackstone Valley Regional School’s Fitness Facility.

FURTHERMORE, we/I hereby agree to protect the Blackstone Valley Regional School District and its successors, governing body, departments, officers, employees, servants and agents, against any claims for damages, compensation or otherwise of the part of said minor growing out of or resulting from injury to said minor in connection with his/her participation in the Blackstone Valley Regional School’s Fitness Facility, and to INDEMNIFY, reimburse or make good to the Blackstone Valley Regional School District or its successors, governing body, departments, officers, employees, servants and agents any loss or damages or costs, including attorney’s fees, the Blackstone Valley Regional School District or its representatives may have to pay if any litigation arises from said minor’s intentional, negligent or reckless acts or omissions while participating in said Fitness Facility.

I hereby authorize release to the Blackstone Valley Regional School District physical education and athletic department staff any medical information pertinent to participation in the program.

PLEASE COMPLETE THE BACK SIDE OF THIS FORM

Student's Last Name First Name Middle Initial

Home Address Zip Code

(_____)_____
Phone Number

____/____/____
Date of Birth

Grade

Homeroom

Shop

Student ID #

Signature(s) of Parent(s) or Guardian(s) Date Relationship

Signature of Student Date This form may not be altered.

Male _____

Female _____

In Case of Emergency Call:

1. _____
Name Telephone # Relation

2. _____
Name Telephone # Relation