

**BURRILLVILLE SCHOOL DEPARTMENT
PARENTAL REQUEST FOR CHILD TO PARTICIPATE
and RELEASE – AGREEMENT**

We, the undersigned parent(s) of _____ (student name), are requesting that our child enroll or participate in the following course, program, project, event or activity (herein collectively referred to as 'activity') in consideration of permission being granted to our child and for other valuable consideration, the receipt and sufficiency of which are acknowledged, we are entering into this agreement which releases BURRILLVILLE SCHOOL DEPARTMENT, ITS SCHOOL BOAD MEMBERS, AGENTS, EMPLOYEES, VOLUNTEERS, CONTRACTORS, REPRESENTATIVES, SUCCESSORS AND/OR ASSIGNS THEREOF, INDIVIDUALLY AND IN ANY CAPACITY OR RELATIONSHIP WITH OR FOR SAID SCHOOL DISTRICT.

We understand that our child's enrollment or participation might or will subject our child to numerous dangers or risks of personal injury, which could be fatal, as well as other injuries or damages. We have explained these risks to our child in an age appropriate fashion. These risks and dangers have been considered and, relying on our own judgment, we have voluntarily chosen to allow our child to participate and assume these dangers and risks. Our child is in suitable health and capacity, which allows the child's enrollment or participation. We further release, waive, indemnify, hold harmless, and reimburse each of those released, from and against any claim which we, our child, any other parent, relative or next of kin or such child, or any other party may now or hereafter have or claim to have (known or unknown, seen or unforeseen, directly or indirectly, or within or without the control of those release), for or on account of any losses, damages, personal injuries, pain and suffering, death, property damage or contract claims resulting from, or arising out of, during or in connection with our child's enrollment or participation in such activity, or the ownership, operation, use, maintenance or control of any vehicle, equipment or goods provided or used in connection with such activity, or in any way connected with or arising out of instruction, training, emergency care, or operations incidental to such activity.

This release agreement is as comprehensive as is allowed by law, including but not limited to the immunity from civil liability provided by Rhode Island General Laws. The invalidity of any portion of this release shall not affect any other portions, and this release shall not establish a legal or other relationship with those parties released which does not in fact exist.

I HAVE READ AND UNDERSTAND THIS RELEASE AGREEMENT:

Signature of Notary Public
SEAL

Signature of Parent/ or student (if not a minor)

Address

**BURRILLVILLE HIGH SCHOOL/BURRILLVILLE MIDDLE SCHOOL
INSURANCE WAIVER**

The Burrillville School Committee requires every student-athlete who participates in an interschool sport to have medical insurance with the recognized school insurance plan or comparable insurance with another company recognized by the appropriate state agencies as authorized to write insurance in the State of Rhode Island.

As the parent/guardian of the student named below, I understand that if I prefer to purchase my own accident insurance plan, this plan must stay in force during the duration of my son/daughter/s participation in the athletic program. I also understand that accident insurance is required in order for my son/daughter to be able to participate in any Burrillville High School athletic program. I further understand that the Burrillville School District, its employees, agents, representatives, coaches, and volunteers shall not be held responsible for any additional costs not covered by said insurance.

(Please select options # 1 or option #2)

_____ **Option #1:** I wish to waive the purchase of school _____ **Option #2:** I will purchase the recognized school insurance.
Insurance.

My son/daughter is covered by the insurance plan listed below.

Insurance Company: _____ Policy Number: _____

Student's NAME

YOG

ID#

***** **PLEASE BE SURE TO READ, COMPLETE, SIGN AND NOTARIZE THIS FORM** *****