BORDENTOWN REGIONAL SCHOOL DISTRICT

PERMISSION FOR **Spring Participation Workouts** AND RELEASE OF CLAIMS

| Name of Applicant | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Address | |
| Grade Age | |
| Spring Sport (March 7th - June 20th) | _ |
| Date of Last Physical Examination | |
| BRHS Nurse's Signature Approval | |
| As the parent or guardian of | r, |
| Realizing that such activity involves the potential for injury which is inherent in all sports acknowledge that even with the best coaching, use of most advanced protective equipment trict observance of rules, injuries are still a possibility. On rare occasions these injuries to severe as to result in total disability, paralysis or even death. | nt and |
| do hereby accept full responsibility for his or her acts while so engaged and in considerate mermission granted (child or ward) to participate in the adescribed activity. I hereby specifically release the Bordentown Regional School District employees, and members of its Board of Education, of claims or liability for personal injurious or unknown, and injuries to property, real or personal, caused by, occurring in convith, or arising from the above described school activity. | above t, its ury, |
| hereby give my permission that in case of an emergency, (ward) may be taken to the hospital for treatment or treated by the school doctor and/or the rainer if it is necessary. | child or e athleti |
| have read and understand Board Policy #6131 (included in the Students' Handbook), will addresses drug and alcohol violations that occur at any time – whether during a school-read activity during participation in extra-curricular activities. | |
| , the undersigned, have read this release and understand all of its terms. I execute it volu with full knowledge of its significance. | ntarily |
| Signature of Parent/Guardian | Date |
| Signature of Student | Date |