

Release Form

2018 – 2019 SMASH Volleyball Programs

Child's Name: _____
Birth Date: ____/____/____ (month/date/year) *(Note: not today's date!)*
Phone #: _____ (best # to reach PLAYER)
****Phone #: _____ (best # to reach PARENT)
Email address: _____
Street Address: _____
Town: _____
Zip code: _____

I, the undersigned, do hereby consent to have my child participate in a voluntary SMASH Volleyball Program in the 2018-2019 season (July, 2018-August, 2019) In signing this consent I do forever RELEASE, acquit, discharge, and covenant to hold harmless SMASH Volleyball LLC, City of Newton, The Rivers School, Boston Basketball, and its successors, departments, officers, employees, servants, and agents, of and from any and all actions, causes of action, 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 damage which I may now or hereafter have resulting or to result from child's participation in the SMASH Volleyball Program.

FURTHERMORE, I hereby agree to protect The Rivers School, Boston Basketball, City of Newton, SMASH Volleyball LLC, and its successors, departments, officers, employees, servants and agents against any claim for damages, compensation or otherwise growing out of or resulting from injury to my child in connection with his/her participation in the SMASH Volleyball Program and to INDEMNIFY or make good to SMASH Volleyball LLC, City of Newton, The Rivers School, Boston Basketball, or its successors, departments, officers, employees, servants and agents any loss or damage or costs, including attorney's fees, that SMASH Volleyball LLC, City of Newton, The Rivers School, Boston Basketball representatives may have to pay if any litigation arises from my child's participation in the SMASH Volleyball Program.

Parent/Guardian's signature: _____

Please PRINT parent/guardian's name: _____

Date signed: ____/____/____ (month/date/year)