

**YOUTH CONSENT AND RELEASE FORM  
TOWN OF MILLIS RECREATION DEPARTMENT**

I, \_\_\_\_\_ (print name), the undersigned  
(please insert legal relationship to child, e.g., "parent, guardian") \_\_\_\_\_ of  
(Insert the name of your child) \_\_\_\_\_

Do hereby consent to my child's participation in voluntary recreation programs of the Town of Millis.

I also agree to forever release the Town of Millis, a municipal corporation of the Commonwealth of Massachusetts, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary recreation programs of the Town of Millis ("the Releasees") from any and all claims, rights of action and causes of action, damages, costs, loss of services, expenses, compensation and attorney's fees that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the Town of Millis voluntary recreation programs. I also promise, to indemnify, reimburse, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation in the Town of Millis voluntary recreation programs or administration of first aid. I further affirm that I have read this Consent and Release Agreement and that I understand the contents of this Agreement. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this Agreement, I affirm that I have decided to allow my child to participate in the Town of Millis recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my child or I may suffer in voluntary Town of Millis recreation programs.

SIGNATURE : \_\_\_\_\_ (of parent or guardian) \_\_\_\_\_ (date)

_____	Age	Grade	Sex	DOB
Print Child's Name				
_____	\$	_____		
Program Title		Fee		

ADDRESS: \_\_\_\_\_ E-Mail: \_\_\_\_\_

TELEPHONE #: (Days) \_\_\_\_\_ (Cell) \_\_\_\_\_

PERSON TO CONTACT IN EMERGENCY: \_\_\_\_\_

EMERGENCY PHONE # \_\_\_\_\_

I authorize the Millis Recreation Dept. to use a photo of myself or my child Yes \_\_\_\_\_ No \_\_\_\_\_

SHIRT SIZE IF APPLICABLE (Circle one)

Youth Medium / Youth Large / Adult Small / Adult Medium / Adult Large / Adult XL

Make checks payable to: **MILLIS RECREATION DEPARTMENT**  
**REFUNDS ARE NOT GIVEN UNLESS CLASS IS CANCELED BY MILLIS**  
**RECREATION DEPARTMENT**