

**Town of Hudson  
Park Commission/Division of Recreation**

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**Participant Consent and Release Form**

In consideration of this application, and any subsequent registration thereunder Participant and such Participant Parent or Guardian, when applicable, does hereby consent to participation in voluntary athletic and/or recreation programs conducted and administered by the Town of Hudson, its Park Commission and Division of Recreation.

Participant and/or Parent/Guardian, ("as Releasor"), does hereby forever release, discharge and hold harmless the Town of Hudson, its Park Commission and Division of Recreation and their representatives, employees, officers, agents, board members, volunteers and any other individuals or organizations associated with them as to such programs, assisting or participating in such voluntary athletic or recreation programs of the Town of Hudson, its Park Commission and Division of Recreation, ("the Releasees"), from any and all liability, claims, demands, obligations, rights of action, causes of action, costs, expenses and resulting Attorney's fees of whatever kind or nature, either in law or in equity, which arise or may hereafter arise in the future, directly or indirectly from participation in such voluntary athletic or recreation programs.

Releasers acknowledge and understand that this form releases the Releasees from any liability or claim that Releasers may have for themselves, their heirs, successors and assigns, with respect to any bodily injury, personal injury, illness, death or property damage that may result from participations in voluntary athletic or recreation programs or activities.

Releasers further acknowledge, understand and agree that the Town of Hudson does not assume nor accept any responsibility for or obligation to provide financial assistance, or other assistance, including by not limited to, medical, health or disability insurance, in the event of injury or illness.

Further, as to medical treatment, Releasor(s) do hereby release and forever discharge the Releasees from any claim whatsoever, which arises or may hereafter arise on account of any First Aid, treatment or service rendered in connection with such voluntary athletic or recreation programs offered by the Town of Hudson, its Park Commission and Division of Recreation.

In furtherance of the foregoing and not in limitation thereof, Releasers also promise to indemnify, defend and hold harmless the Releasees against any and all legal claims or proceedings of any nature and description that may have been asserted in the past or may be asserted in the future, directly or indirectly, arising from any personal injuries to Releasers from Participant, with such voluntary athletic or recreation programs.

Releasor(s), further affirm that we have read this consent and release form and that we understand it's content and that we have been afforded the opportunity to have a Lawyer review it. We understand that participation in these programs is strictly voluntary and that we are free to choose not to participate in such programs. We also agree that we and/or my child, is participating in these programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage that we may suffer by participating in these programs.

Releasers expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Massachusetts and that this Release shall be governed by and interpreted in accordance with said laws of the Commonwealth of Massachusetts. Parties hereto agree that in the event that any clause of provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Participant and/or Participant Parent/Guardian has executed this release on the \_\_\_\_\_ day of \_\_\_\_\_, 2019

Participant's Name (Please Print): \_\_\_\_\_

Parent's Name (Please Print): \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

In case of emergency, please contact: (PLEASE PRINT)

Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_