



Release of All Claims

In consideration of the permission granted for the named participant to take part in the named Ashland After School Program, I

_____ hereby release myself and my heirs, the Ashland After School Program, its agents, employees, volunteers and other program participants, from all actions, damages and claims that may result in personal injuries and/or property damages.

I recognize there may be inherent dangers in participating in Ashland After School Program activities, which may present a strain on the body, and its parts, and furthermore, I represent to the best of my knowledge the participant is in proper physical condition to allow participation. I therefore assume all risk associated with participation in said program.

I understand that in case of injury or illness, Ashland After School Program will attempt to contact the legal guardian named or the “emergency contact” named. In the event of a medical emergency, I consent to the participant’s treatment by a medical doctor and I agree to pay all costs associated with said treatment, including transportation to the medical facility.

I, the undersigned, have read this release and understand all its terms and implications and I hereby execute this release of my own free will and with full knowledge of its significance.

(Signature of Legal Guardian)



(Date)

For Office Use Only: Session: _____ **Amount Paid:** _____ **FRL Y / N**