WAYLAND PUBLIC SCHOOLS Wayland, MA 01778

We, the parents (guardians) of _____, (Name of Student) ,a student at _____, (Name of School) would like to give our child the opportunity to participate in the "Kids Night Out" program that you are sponsoring and conducting for the benefit, education and enjoyment of students for the 2011-2012 school year.

We realize that our child's participation in this program may involve some risk of personal injury to our child and damage to our property; therefore, we on behalf of our child and ourselves, hereby release the Town of Wayland, members of its School Committee, its employees, agents, and contractors from any and all claims and legal actions for any personal injury to our child and for any loss to us that results from our child's participation in this program.

We further agree to indemnify and hold harmless the Town of Wayland, members of its School Committee, its employees, agents, and contractors against all claims and legal actions for any personal injury to our child or loss to us and for any personal injury to other persons and damage to other person' property and results from our child's participation in this program.

We hereby grant the Town of Wayland, its employees, and agents full authority to take whatever actions they may consider to be warranted under the circumstances regarding the health and safety for our child and we authorize them to obtain the necessary medical services and treatment for our child, without further consent and at our expense, from a hospital or a medical doctor.

We understand that this is a supervised school program and the group standards of conduct must be observed. We will instruct our child to comply at all times with the Wayland School Committee's rules, standard and instructions for student behavior. We agree that the Town of Wayland, its employees and agents shall have the

right to enforce appropriate standards of conduct and that they may, at any time, terminate our child's participation in this program for failure to behave according to these standard or for any actions or conduct which they consider to be incompatible with the interests, comfort, and welfare of other students in the program or its' supervisors. If our child's participation is terminated, we consent to his or her being sent home at our expense.

Our signatures below indicate that we have read and freely signed this agreement.

IMPORTANT - READ ENTIRE AGREEMENT BEFORE SIGNING

_____
_____ _____

_____
(Parent or Guardian)

(Address) (Date)

Child's Name(s)
_____ Contact Name_____ Home Phone_____ Cell Phone_____ **If a parent cannot be reached in the case of an emergency, please provide an additional contact number.** Name: _____Phone #_____ **LIST ANY ALLERGIES OR CONDITIONS OUR STAFF SHOULD BE AWARE OF:**