

Railroad Street Youth Project
70 Railroad St. (Rear)
Great Barrington, MA 01230
413-528-2475

Railroad Street Youth Project Release and Indemnity Agreement

The undersigned _____(participant) consents to participating in all on or off site Railroad Street Youth Project programs or activities. The undersigned states that s/he has familiarized her/himself with the programs and acknowledges that his/her participation in hiking, climbing, field sports, group games and other active events has inherent risk to it, including but not limited to, the risk of serious physical injury. The undersigned assumes that risk on his/her behalf.

Medical treatment for the undersigned may be authorized by any Railroad Street Youth Project staff member as my agent at my sole expense. I further allow the Railroad Street Youth Project to give any medical provider the name of my medical insurance which is _____, my policy number, which is _____.

In consideration of the undersigned's participation in any and all programs of the Railroad Street Youth Project, the undersigned agrees on his/her behalf to defend indemnity and hold harmless the Railroad Street Youth Project, their agents, servants, volunteers, Board of Directors and staff from any and all claims or damages arising out of (1) the undersigned's participation in any and all programs, and (2) any act, omission or negligence of the undersigned. The undersigned releases the Railroad Street Youth Project from any and all claims, damages and causes of action s/he ever had, now has or hereafter may have by reason of the undersigned's participation in the programs of the undersigned's time with the Railroad Street Youth Project.

The undersigned agrees and consents to his/her participation in awards, ceremonies, honor rolls and similar public awards for achievement and use by the Railroad Street Youth Project of his/her image in any ceremony, mailing brochures, press releases or advertising.

This form, properly executed, must be submitted to the Railroad Street Youth Project on or before the undersigned's arrival at Railroad Street Youth Project programs and may be revoked at any time having the original of the form returned to the undersigned and a letter of revocation substituted therefor. In the event the undersigned must be removed from the Railroad Street Youth Project, all applicable refund policies will be followed.

Executed by the undersigned on this date: _____

Participant Signature _____

Parent/Guardian Signature _____

Address and Phone number _____

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Registration

Name of child: _____ Nickname: _____

Address: _____

Home Phone: _____ Email: _____

Date of Birth: _____

Parent/Guardian Information

Parent/Guardian Name _____ Parent/Guardian Name _____

Relationship to Child _____ Relationship to Child _____

Home Address _____ Home Address _____

Home Phone # _____ Home Phone # _____

Business Name _____ Business Name _____

Business Address _____ Business Address _____

Business Phone _____ Business Phone _____

Work Hours _____ Work Hours _____

Additional Information

Please list below any special limitations or concerns your child may have including dietary restrictions, allergies, chronic health conditions:

Medications your child is taking: _____
Is there any other information you would like us to know about your child? _____

Parent/Guardian
Signature _____ Date _____