

COMMUNITY · CHARACTER · CONFIDENCE  
**NASHOBA BROOKS**  
SCHOOL

**Indemnity, Hold Harmless, and Release of Claims Agreement  
for Nashoba Brooks School**

**Activities and Sports  
2014-2015**

Student Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

The undersigned acknowledge that as a student attending the Nashoba Brooks School for the 2014-2015 academic year, the student will participate in various, required or voluntary school activities, including but not limited to, participation in sports' programs, including the use of equipment furnished by Nashoba Brooks School, and off-campus trips which may include one or more overnights in facilities provided as part of the activity, and that sports programs and certain other activities may be inherently hazardous and involve unavoidable risk of injury (including those resulting in death) to participants.

In consideration of Nashoba Brooks School's grant of permission for the student to participate in such school activities, for which the undersigned gives permission, the undersigned hereby agree, on behalf of themselves and the student, that the student may participate in the activity, and that they and the student assume the risk of injury and further will indemnify and hold Nashoba Brooks School, its trustees, officers, administrators, teachers, other employees or agents, and the volunteers, harmless from, including without limitation or attorneys' fees, and covenant not to sue with respect to, any and all claims, demands, actions, damages, and liabilities whatsoever which may directly or indirectly result from or be related to any loss, damage, or injury that may be sustained by the student, or to any property of the student or the undersigned, as a result of the student's participation in the activity and further agree to release and forever discharge all the foregoing, and all of their estates, successors or assigns, from all such claims, demands, actions, damages, and liabilities whatsoever, of every nature, both in law and equity, which the undersigned and/or the student now have or may in the future have on account of the student's participation in the activity.

This indemnity, hold harmless and release expressly includes, without limitation, injuries caused by the negligence of any person or entity (excluding the gross negligence of Nashoba Brooks School itself) and shall be binding upon the heirs, executors, administrators, and assigns of the undersigned.

The undersigned authorize and give permission for Nashoba Brooks School employees, agents and volunteers to seek and obtain any and all necessary emergency (or where time is important) medical treatment, including, if need, anesthesia, for the student arising out of the activity and for medical personnel to furnish such treatment.

On behalf of themselves and the student, the undersigned acknowledge that they have read and understood this agreement and release, that execution hereof is a condition of participation in School activities, and that they have signed it voluntarily.

Signatures of Parents and/or Guardians:

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**NASHOBA BROOKS SCHOOL****Student Information**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Address: \_\_\_\_\_

Parent/Guardian Name: (Dr./Mr./Mrs./Ms.) \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Parent/Guardian Name: (Dr./Mr./Mrs./Ms.) \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contact (to be called if parents cannot be reached):

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

Names and Phone Numbers For:

Primary Physician \_\_\_\_\_

Dentist \_\_\_\_\_

Orthodontist \_\_\_\_\_

Other Physician \_\_\_\_\_

Medications currently being taken by student (if not in violation of confidentiality):  
\_\_\_\_\_

I give permission to have the School nurse or School personnel, designated by the School nurse, to administer my child's medication (checked below) at school or on a field trip. This would be in accordance with the standing orders of the consulting School pediatrician and School medication policy.

Acetaminophen: \_\_\_\_\_ Ibuprofen: \_\_\_\_\_ TUMS: \_\_\_\_\_

**ALLERGIES OR CONDITIONS WHICH WOULD REQUIRE  
SPECIAL AND/OR IMMEDIATE TREATMENT**

Medication or Drug Allergy: Yes/No \_\_\_\_\_ Drug \_\_\_\_\_

Describe Reaction \_\_\_\_\_ Treatment \_\_\_\_\_

Food Allergy: Yes/No \_\_\_\_\_ Food \_\_\_\_\_

Describe Reaction \_\_\_\_\_ Treatment \_\_\_\_\_

Bee Sting Allergy: Yes/No \_\_\_\_\_

Describe Reaction \_\_\_\_\_ Treatment \_\_\_\_\_

Asthma: Yes/No \_\_\_\_\_

Describe Reaction \_\_\_\_\_ Treatment \_\_\_\_\_

Concussion: Yes/No If yes: When \_\_\_\_\_

Should an emergency arise in which time is an important factor and the School authorities are unable to contact me promptly, I authorize the School physician or a hospital emergency department to exercise their best judgment in the interest of my child's welfare. I have read and understand the School's policy on medication administration.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Medical Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy or Certificate Number: \_\_\_\_\_