



Port Jervis

SCHOOL DISTRICT

Thomas Bongiovi
Superintendent of Schools
9 Thompson Street
Port Jervis, New York 12771

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Board of Education

William Smith
President

Michael Bello
Vice President

Board Members

Noeleen Casey-Tomasi
Brandy Figueroa
Roger Kalin
Tammy Myers
William Onofry
Reyes Torres
Robert Witherow

MINOR RELEASE FORM

Participant's Name: _____

_____ (**parent or legal guardian**) does hereby covenant and agree to release and hold harmless the Port Jervis City School District from and against any and all liability, loss, damages, claims or actions (including costs and attorneys fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of participation in the _____ (**name of event**).

I understand participation in the _____ (**name of event**) involves rigorous physical activity and risks of physical injury, and we assume these risks. I hereby consent to emergency transportation and treatment in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation or treatment on behalf of the participant. I further certify that the participant is in good physical condition, and has no medical or physical conditions that would restrict his/her participation in this event.

Signature Parent or Legal Guardian

Date

Participant's Address: _____

Emergency Contact Information:

Name: _____

Address: _____

Phone: **Home:** _____ **Cell:** _____