



# Port Jervis

CITY SCHOOL DISTRICT

Administrative Offices  
9 Thompson Street, P.O. Box 1104  
Port Jervis, New York 12771  
Phone (845) 858-3100  
Fax (845) 856-1885

## ADULT RELEASE FORM

\_\_\_\_\_ (name of participant) does hereby covenant and agree to release and hold  
**Please Print Name**

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 I 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. I further certify that I am in good physical condition, and I have no medical or physical conditions that would restrict my participation in this event.

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Date**

**Participant's Address:** \_\_\_\_\_  
\_\_\_\_\_

### **Emergency Contact Information:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:**      **Home:** \_\_\_\_\_      **Cell:** \_\_\_\_\_