

## **Port Jervis**

CITY SCHOOL DISTRICT

Thomas M. Bongiovi

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

**Board of Education** 

Deborah Lasch President

Catherine Sadaghiani Vice-President

**Board Members** 

Judith Amato Brian Dewey Valerie Maginsky Tanya Parker-Hughes Florence Santini William Smith Robert Witherow

## ADULT RELEASE FORM

**Phone:** 

| or actions (including co   | (name of participant) does hereby cover<br>rvis City School District from and against any and al<br>losts and attorneys fees) for bodily injury and/or participation in the | ll liability, loss, damages, claims property damage, to the extent  |
|--|---|---|
| involves rigorous physic<br>emergency transportation<br>payment of any emergen | on in the   | e these risks. I hereby consent to<br>eby accept responsibility for the<br>I am in good physical condition, |
| Signature Participant  | Date  |   |
| Participant's Address:   |   |   |
| <b>Emergency Contact Inf</b>   | formation:  |   |
| Name:  |   | _   |
| Address:   |   | <del>_</del>  |

Cell: \_\_\_\_\_