

**Lexington Public Schools
Health and Consent Form**

Student Name:

Parent/Guardian Name:

Program: Lex Splash is a project run by the Lexington Educational Studies Program, a Lexington High School student organization. Lex Splash offers non-credit enrichment courses to students in grades 5-8 on May 25th, 2019, from 9 AM to 4 PM. Some classes may involve athletic activity or the use of craft tools.

Liability Release

As the undersigned parent/guardian of the above-listed Student, I hereby consent to his/her participation in the above-listed extra-curricular program/activity and do forever RELEASE, acquit, discharge, and covenant to hold harmless the Town of Lexington and the Lexington Public Schools from any and all actions, causes of action and claims on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which I may now or hereafter have as the parent/guardian of the Student, and also all claims of right of action for damages which the Student has or hereafter may acquire, either before or after he/she has reached his/her age of majority resulting from his/her participation in the Lexington Public Schools extra-curricular program/activity. I acknowledge that the Student's participation in this program/activity is voluntary and that his/her participation is not required.

In consideration for allowing my Student to participate in the above-listed extra-curricular field trip/activity, I, as the legal representative of my Student, agree to indemnify the Town of Lexington, the Lexington Public Schools and its students, employees, agents, including elected officials, in the event that any action, charge, and/or claim is brought against the foregoing, which is in any way related to, arising from and/or growing out of, directly or indirectly, my Student's participation in the extra-curricular program/activity run by, sponsored by or related to the Lexington Public Schools.

I agree to allow school personnel responsible for the extra-curricular program/activity to authorize medical care for my Student if they, in their sole discretion deem it to be in the Student's best interest. I agree to promptly reimburse school personnel for all expenses incurred for services and/or return travel to Lexington, MA, for the Student.

Recordings Release

I grant Lexington Splash the royalty-free right and license to record my Student's participation and appearance on digital photography, video tape, audio tape, or any other medium during Splash 2018, to be used only for written, electronic, and web publications that support Splash's not-for-profit mission.

I have read this entire Release. I fully understand the entire Release and I agree to be legally bound by the Release.

Parent Signature

Print Name

Date

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Student Name:		Date of Birth:
Parent/Guardian Name:		Emergency Contact Name:
Cell Phone:		Cell Phone:
General Student Health Information:		
Known allergies:	Known limitations/health conditions:	Current prescription or OTC medications:
<i>Please provide any other medical information pertinent to routine care and emergencies.</i>		
Program Emergency: Should an emergency arise in which treatment by a qualified physician is required, I herewith give permission for the Student to receive treatment, and I herewith give chaperones/school personnel associated with Lexington Splash permission to act in my name during the period of the program.		
Parent/Guardian Signature: _____		
Date: _____		