

# 2012 Transportation Permission Form, Medical Treatment Authorization, Release of Claims and Indemnity Agreement

## Permission

The undersigned parent(s) or legal guardian(s) of \_\_\_\_\_ (hereinafter "my child") hereby give permission for him/her to participate in any program sponsored by The Town of Greece during the 2012 calendar year. These programs includes field trips and other outings and may also include transportation to and from such events, whether in the Town of Greece vehicles, private volunteer driven cars, or buses leased by The Town of Greece from professional transportation companies.

I (we) understand that this grant of permission is not specific to one event, but shall include all events ("the events") in which my child participates under the auspices of the Town of Greece Department of Human Services.

## Medical Treatment Authorization

In case of injury to my child, whether during participation in the events, transportation to or from the events, or otherwise, I hereby authorize the physician selected to provide whatever medical treatment(s) he/she deems necessary to my child. Further, I agree to make a claim for any medical expenses thereby incurred on my (our) personal insurance in the first instance. I understand that The Town of Greece maintains accident insurance, which will apply in excess of any personal medical or dental insurance, which I (we) maintain.

## Release of Claims

In consideration of The Town of Greece's agreement to permit my child to participate in the event(s), I (we) hereby release The Town of Greece, its elected officials, officers, employees, agents, servants, representatives, members, volunteers, including their family members ("the released parties"), of and from any and all past, present or future claims, demands, obligations, causes of action, costs, expenses and damages of any nature whatsoever, which may result from, arise in connection with, or in any way grow out of any injury to my child or damage to my child's or my (our) property as a result of my child's participation in the events, including bodily injury, death, property damage or other injury, and whether based upon a contract, tort, statutory or other theory, and whether for actual, compensatory, economic, non-economic or punitive damages. **THIS RELEASE SPECIFICALLY EXTENDS TO AND INCLUDES CLAIMS AND CAUSES OF ACTION ARISING FROM THE NEGLIGENCE OR OTHER FAULT OF THE RELEASED PARTIES, OR ANY OF THEM**, and includes all activities or omissions incidental to the events, including, but not limited to transportation, organization, planning, and supervision.

## Indemnity Agreement

I (we) further agree to indemnify and hold harmless the released parties against any and all claims arising out of any injury to my child as a result of my child's participation in the events, including bodily injury, death, property damage or other injury, and whether based upon a contract, tort, statutory or other theory, and whether for actual, compensatory, economic, non-economic or punitive damages. **THIS INDEMNITY PROVISION SPECIFICALLY EXTENDS TO AND INCLUDES CLAIMS AND CAUSES OF ACTION ARISING FROM THE NEGLIGENCE OR OTHER FAULT OF THE RELEASED PARTIES, OR ANY OF THEM**, and includes all activities or omissions incidental to the events, including, but not limited to transportation, organization, planning, and supervision.

**BY MY (OUR) SIGNATURE (S) BELOW, I (WE) ACKNOWLEDGE THAT I (WE) HAVE READ, UNDERSTAND AND ACCEPT ALL OF THE PROVISIONS ON THE FRONT SIDE OF THIS FORM, INCLUDING THE MEDICAL TREATMENT AUTHORIZATION AND THE RELEASE OF CLAIMS AND INDEMNITY AGREEMENT.**

Parent or Guardian name(s): \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_  
(Please Print)

Home Telephone No.: \_\_\_\_\_

Cell Phone No.: \_\_\_\_\_

Insurance Information: \_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date