



WILLISTON
NORTHAMPTON SCHOOL

**THE WILLISTON NORTHAMPTON SCHOOL
BASEBALL CLINIC 2019**

WAIVER OF LIABILITY

Your son/daughter has elected to participate in a program/activity where there may be an increased element of risk of which you must be aware and agree to assume.

We cannot be liable for injury suffered by your son/daughter as a result of this activity, assuming there is no gross negligence on the part of the School, its representatives, or its suppliers.

I give permission to my son/daughter, _____
to participate in the Williston Northampton Baseball Clinic.

It should be known that all students are supervised while engaged in this program and appropriate safety measures are taken.

I hereby agree to allow of my son/daughter to participate in this program, and in signing this waiver, release the Williston Northampton School, its agents and/or employees from liability for any damages which may be incurred by my son/daughter.

Student Name (please print)

Parent/Guardian (please print)

Student signature

Parent/Guardian signature

Date

Date

If there are any questions, please contact the School's Summer Programs Office at
(413) 529-3247