



**WILLISTON NORTHAMPTON SCHOOL
SUMMER 2019
STRENGTH & CONDITIONING PROGRAM
GENERAL WAIVER OF LIABILITY**

Your son/daughter has elected to participate in an activity where there is an increased element of risk of which you must be aware and agree to assume. The activity your son/daughter has chosen to participate:

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 above mentioned activity.

It should be known that all students are supervised while engaged in these activities. Also, appropriate safety measures and protective equipment are provided.

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

Student Name (please print)

Parent/Guardian Name (please print)

Student Signature

Parent/Guardian Signature

Date Signed

Date Signed

If there are any further questions, please contact the School's Business Office (413) 529-3247