



Release and Waiver of All Claims

I/We, the parents/guardians of _____

_____ (“our children”) hereby give my/our approval for our children to participate in Voyagers programs, inside and outside of the 530 Main Street, Acton premises, including any off-site Voyagers programming. I/we assume all risks and hazards incidental to such participation by our children.

I/we do hereby waive, release, absolve, indemnify and agree to hold harmless Voyagers, Inc., its officers, directors, members, employees, volunteers, instructors, and assigns, from any and all claims arising out of any injury to our children, whether the result of negligence or any other cause.

I/We, the parents/guardians of the above named children hereby give my/our consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or the well being of our children.

Signature

Date

Signature

Date

Emergency Information:

Parent/Guardian 1: _____ Tel: _____

Parent/Guardian 2: _____ Tel: _____

Emergency Contact: _____ Tel: _____

Relationship to Children: _____

Physician: _____ Tel: _____

Dentist: _____ Tel: _____