



VOYAGERS, INC.

530 Main Street, Acton, MA 01720 • 978-263-8425

www.voyagersinc.org • info@voyagersinc.org

RELEASE AND WAIVER

I/We, the parents/guardians of _____
 (“our children”) give my/our permission for our children to participate in Voyagers, Inc.
 events, inside and outside of the 530 Main Street, Acton premises. 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 of Parent/Guardian 1 & Date

Signature of Parent/Guardian 2 (opt) & Date

Print name of Parent/Guardian 1

Print name of Parent/Guardian 2 (optional)

Contact Phone #: Parent/Guardian 1

Contact Phone#: Parent/Guardian 2 (opt.)

Physician:
_____ Tel: _____

Dentist:
_____ Tel: _____