

Waltham Police Summer G.R.E.A.T. Program
Accident Waiver Form and
Release from All Liability

<hr/> Participants Name	<hr/> Date of Birth	
<hr/> Address	<hr/> Telephone	
<hr/> City	<hr/> State	<hr/> Zipcode

Please list any and all physical/medical conditions that may affect participation in the physical activities of the Waltham Police Summer G.R.E.A.T. Program.

List any medications participant is taking:

Family Doctor:

Telephone:

Address:

Parents/Legal Guardian

I,

 release the City of Waltham and all of its officers, employees, agents, and the Waltham Police Summer G.R.E.A.T. Program from any and all liabilities or responsibilities pertaining to accidents, injuries, deaths, or complications resulting from activities, or while transporting participants to or from activities.

I authorize the Waltham Police Summer G.R.E.A.T. Program leadership to transport the above named participant to the nearest hospital in case of injury while the participant is involved in G.R.E.A.T. Program activities.

I authorize the hospital attending physician to administer necessary emergency professional medical care to the above named participant upon his/her arrival at the hospital.

Parents Signature

 Date

Address

 City

 State

Telephone

NOTE: This form must be completed and signed before the named participant can be assigned to the program.