

Waltham Police Youth Academy
Accident Waiver Form and
Release from All Liability

Participants Name

Date of Birth

Address

Telephone

City

State

Zipcode

Please list any and all physical/medical conditions that may affect participation in the physical activities of the Waltham Police Youth Academy.

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 Youth Academy 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 Youth Academy leadership to transport the above named participant to the nearest hospital in case of injury while the participant is involved in Youth Academy 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.

