

# NORTH READING HIGH SCHOOL

**Anthony J. Loprete**  
*Principal*

189 Park Street  
North Reading, Massachusetts 01864  
Telephone 978-664-7800  
Fax 978-664-7826  
<http://hs.north-reading.k12.ma.us>

## NORTH READING HIGH SCHOOL CONSENT AND RELEASE FORM

I, the undersigned, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, do hereby consent to my child's participation to attend (please read below)

Event Specifics			
<b>Who:</b>	Performing Arts Department students	<b>Other Relevant Information:</b>	Travel to perform and partake in master classes while enjoying the Mickey performance experiences.
<b>Where:</b>	Walt Disney World, Orlando Fla		
<b>When:</b>	April 26, 2021 thru May 1, 2021		

I also agree to forever release the North Reading Public Schools, the School Committee, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic, extracurricular or recreation programs of the North Reading Public Schools ('the Releasees') from any and all claims, rights or action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in North Reading Public Schools voluntary athletic, extracurricular or recreation programs.

I also promise to indemnify, defend, and hold harmless the releases against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation in the North Reading Public Schools voluntary athletic, extracurricular or recreation programs.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in the North Reading Public Schools athletic, extracurricular, or recreational programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my child or I may suffer in voluntary North Reading Public Schools voluntary athletic, extracurricular or recreation programs.

Date:		<b>Please complete in full.</b>	
Print Teacher name:	A. Kane , B Owens	Sign Teacher name:	
Print Student name:		Sign Student name:	
Print Parent/Guardian name:		Sign Parent/Guardian name:	
<b>EMERGENCY CONTACT INFORMATION</b>			
Emergency Contact:			
Emergency Contact Telephone Nos.:			
Additional information to be shared about your child:			