



Port Jervis

CITY SCHOOL DISTRICT

John P. Xanthis
Superintendent of Schools
9 Thompson Street, P.O. Box 1104
Port Jervis, New York 12771

Phone (845) 858-3175
Fax (845) 856-1885

Board of Education

William Onofry
President

Cathy Sadaghiani
Vice-President

Board Members

Michael Bello
Steven Doss
Brandy Figueroa
Roger Kalin
Thomas Sexton
William Smith
Patrick Witherow

ADULT RELEASE FORM

_____ (**name of participant**) does hereby covenant and agree to release and hold harmless the Port Jervis City School District from and against any and all liability, loss, damages, claims or actions (including costs and attorneys fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of participation in the _____ (**name of event**).

I understand participation in the _____ (**name of event**) involves rigorous physical activity and risks of physical injury, and I assume these risks. I hereby consent to emergency transportation and treatment in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation or treatment. I further certify that I am in good physical condition, and I have no medical or physical conditions that would restrict my participation in this event.

Participant **Date**

Participant Address: _____

Emergency Contact Information:

Name: _____

Address: _____

Phone: _____



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HOLD HARMLESS AGREEMENT (Use of Facilities)

_____ (facility user) does hereby covenant and agree to defend, indemnify and hold harmless the Port Jervis City School District from and against any and all liability, loss, damages, claims, or actions (including costs and attorneys fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of or in connection with the actual or proposed use of the Port Jervis City School District property, facilities and/or services.