

**RELEASE AND WAIVER OF CLAIMS FOR VERMONT CRIMINAL JUSTICE  
TRAINING COUNCIL**

**\*PARENTS MUST ENTER THE FACILITY TO SIGN IN & SIGN OUT THEIR CHILD (REN)**

In consideration of permission granted by the Vermont Criminal Justice Training Council and the State of Vermont to use the gymnasium and its facilities at the Vermont Police Academy in Pittsford, Vermont, in order to engage in physical fitness activities, I hereby agree as follows:

1. I understand that in participating in such activities at this facility I am exposing myself (child) to the many risks associated with indoor running, weightlifting, fitness rowing, volley ball, etc. I hereby expressly assume these and all other risks associated with such activity.

2. I hereby release and forever discharge, the Vermont Criminal Justice Training Council, the State of Vermont, and it's agents and employees, from all action, causes of action, damage claims, demands or judgments, including those based upon claims of negligence, which I, my heirs, executors, administrators, or assigns may have against the above for all injuries, of whatever nature, caused by, or arising out of, the above described activities.

**PERSONS UNDER 18 YEARS OF AGE**

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with the full knowledge of its significance. In witness whereof I have executed this release on behalf of (Child's Name/Please Print) \_\_\_\_\_ at \_\_\_\_\_ am/pm  
on this \_\_\_\_\_ day of \_\_\_\_\_ 201\_\_\_\_

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**BRANDON & PITTSFORD RECREATION DEPARTMENT RELEASE:** I understand that there are risks of physical injury inherent in participating in sports and recreational activities. I hereby release the Towns of Brandon & Pittsford, their employees, and agents from any liability or personal injury, or the loss or damage to personal property which I or my child may experience in connection with activities sponsored by the Brandon & Pittsford Recreation Departments. I hereby consent to any medical procedures deemed advisable for my child in the event I cannot be reached and my child has sustained an injury. I hereby consent to the use of my or my child's photo or video by the departments for flyers or presentation. The departments do not provide accident or hospitalization insurance for their programs. All participants are advised to have adequate personal coverage. Please consider participant's own health, experience and tolerance for risk before participating in any program.

Signature of Parent or Guardian \_\_\_\_\_

Print Name \_\_\_\_\_

**PHONE NUMBERS TO CALL DURING THIS EVENT IN CASE OF  
EMERGENCY**

**HOME** \_\_\_\_\_  
**CELL** \_\_\_\_\_

**PLEASE COMPLETE BELOW ONLY IF YOUR CHILD IS DRIVING  
THEMSELVES OR IS RIDING WITH ANOTHER TEEN DRIVER!!!**

I give my child \_\_\_\_\_ permission to drive to and/or from the  
Name of Child

teen event or to ride with \_\_\_\_\_ to and/or from the teen event.  
Name of Child

Signature of Parent or Guardian \_\_\_\_\_

Print Name \_\_\_\_\_