



CAMBRIDGE POLICE DEPARTMENT BOXING PROGRAM REGISTRATION



PARTICIPANT INFORMATION		PARTICIPANT INFORMATION	
Name		Parent/Guardian	
Birth Date		Phone #	
Gender		Email	
School		Address	
Allergies			

MEDICAL RELEASE AND CONSENT FOR EMERGENCY TREATMENT

I, _____, as an adult participant, parent or legal guardian of the participant hereby freely and voluntarily authorize Cambridge Police Department or volunteers to administer first aid and, in the case of an extreme emergency, to request and obtain emergency medical care at my expense from such medical provider as is immediately available in any situation that Cambridge Police Officers or agents determine such care is required.

RELEASE OF LIABILITY

In consideration of the opportunity to participate in the Youth/Family Services Boxing Program conducted by the City of Cambridge Police Department, I hereby agree and acknowledge as follows:

1. I understand that participation in boxing involves the potential risk of injury;
2. I agree to hold harmless and indemnify the City of Cambridge, the Cambridge Police Department, and their employees, volunteers, agents, successors, heirs, estates, executors, administrators, and assigns from any and all claims, demands, actions, damages and liabilities whatsoever which my directly or indirectly result from or be related to any loss, damage, or injury that may be sustained in connection with participation in this program.
3. I further agree to release and forever discharge the City of Cambridge, the Cambridge Police Department, and their employees, volunteers, agents, successors, heirs, estates, executors, administrators, and assigns from all such claims, demands, actions damages, and liabilities whatsoever which I may have, whether foreseen or unforeseen, on account of participation in the boxing program.
4. This release and discharge shall be binding upon the successors, heirs, estates, executors, administrations and assigns of the undersigned.
5. I certify that there are no medical, psychological, or physical conditions that could interfere with safe participation in the boxing program.
6. I acknowledge that I have read and fully understand this Agreement and Release and that I have signed below voluntarily.

Participant Name: _____

Parent/Guardian Name: _____

SIGNATURE of Parent/Guardian (or Participant if 18+): _____ **Date:** _____

MEDIA RELEASE (OPTIONAL)

1. I hereby consent to the Cambridge Police Department to allow the Cambridge Chronicle or any other organization or media outlet to photograph, film, and/or use a photographic, video or digital reproduction of me/my child for purposes of reporting on or promoting the Cambridge Police Department Boxing Program. I waive any right to inspect or approve the finished version(s). The Cambridge Police Department, and those whom are specifically authorized, shall have the rights to reproduce, distribute, and display publicly, including on the Internet – photographs, film, videotape, statements, and quotes covered by this release, and to prepare derivative works. I understand that the Cambridge Police Department is not responsible for unauthorized duplication or use by third parties.
2. I understand that my child's participation in the boxing program is not contingent upon my agreement to allow him/her to be photographed.

SIGNATURE of Parent/Guardian or Participant if 18: _____ **Date:** _____