



# Release and Waiver of Liability

I/We, the parents/guardians of \_\_\_\_\_ (“our children”) hereby give my/our approval for our children to participate in Voyagers programs, inside and outside of the 51 Middlesex St., Suite 105, North Chelmsford premises, including any off-site Voyagers programming. Parents retain responsibility and liability for any transportation related to any Voyagers activity. I/we assume all risks and hazards incidental to such participation by our children.

I/we do hereby waive, release, absolve, indemnify and agree to hold harmless Voyagers, Inc., its officers, directors, members, employees, volunteers, instructors, and assigns, from any and all claims arising out of any injury to our children, whether the result of negligence or any other cause.

I/We, the parents/guardians of the above named children hereby give my/our consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or the well being of our children.

## Voyagers, Inc. Media Release

Please select one:  I do hereby give  I do not give

permission to Voyagers to interview, photograph and/or videotape me/my child(ren). It is my understanding that these photographs/interview or portions thereof may be used for public view and in promotional materials, including in print, on the Internet, and other forms of media. I agree to participate in these projects without financial remuneration, and I understand that this releases Voyagers from any future claims, as well as any liability, arising from the use of the said photographs/video images/interviews.

(At least one parent or guardian of all participants must sign below.)

\_\_\_\_\_  
Guardian Signature #1

\_\_\_\_\_  
Guardian Signature #2

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

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

\_\_\_\_\_  
Guardian #1 Phone

\_\_\_\_\_  
Guardian #2 Phone

Physician Name:	Dentist Name:
Physician Phone:	Dentist Phone: