

**CONCORD-CARLISLE REGIONAL SCHOOL DISTRICT**  
**ADULT & COMMUNITY EDUCATION**  
**LIMITED RELEASE OF LIABILITY**

While it is the aim of your instructor and the Community Education department to provide an enjoyable and safe educational experience, you the participant must realize that there is a certain degree of risk that you must assume when you participate in a course or program.

For off-site and out-of-classroom learning activities the Concord-Carlisle Community Education department selects instructors and organizations with training and experience in the operation and safe practices for those activities. You will receive instruction in safe practices and safety techniques. You will be supervised throughout the program. You will not be asked to do anything that is inconsistent with the activity or is in any way unreasonable or imprudent. Nonetheless, you must determine what kind of activity is appropriate and safe for you personally, communicate your needs and limitations to the instructor, and be responsible for your decision to participate and outcomes.

It is impossible to guarantee absolute safety. Consequently, you must understand and agree to assume responsibility for your safety. You must call to the attention of the instructor any situation that you perceive as potentially hazardous to yourself or anyone in the group.

Please discuss with your instructor any known physical or mental problems that may limit or endanger your participation in this activity. This is strictly for your protection and confidentiality will be respected.

Please confirm with your signature, that you have read this information and understand your responsibility as a participant, and that you assume all of the risks incidental to a course of this type; further, that you will follow the instructions and directions given by your instructor(s), act prudently and use good judgment. Please mail form as soon as possible to: Mary Zellner, Concord-Carlisle Adult & Community Education, 120 Meriam Road, Concord MA 01742.

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I agree to hold harmless the instructor/s and the Concord-Carlisle Regional School District and/or its employees or other representatives from claims of liability from any accident or incident that may occur.

Name \_\_\_\_\_ Date \_\_\_\_\_

Class or Activity \_\_\_\_\_

Signature \_\_\_\_\_

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**If under 18 years of age**, the following must be completed by a parent or guardian.  
I acknowledge that there can be no guarantee of absolute safety against risk of unforeseen accidents, as detailed above, and consent to the participation of the above named person in the program offering(s) indicated.

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

Date \_\_\_\_\_