# W:\Admin\ADA\LOGOS\UAP\UAP logo curved text 2.pngW:\Admin\ADA\LOGOS\DCR\DCR Logo without background.pngDCR Universal Access Program

# Release Form

**Please complete one form for each participant.** **A participant is anyone attending a program, including family members and caregivers. If a participant is under 18 years of age or has a legal guardian, a signature from a parent or the guardian is required.**

Name:

Address :

City/Town:

State:       Zip Code:

Phone:

Email (optional):

The undersigned, on behalf of the above mentioned participant, in connection with his/her participation in events held by DCR’s Universal Access Program hereby release the Commonwealth of Massachusetts, Department of Conservation and Recreation, and its employees, permittees, vendors, agents, representatives, volunteers and other governmental entities working for or with DCR (“Providers”) from any and all liability, loss, damages, costs, claims and/or causes of action, including but not limited to property damage and emotional and bodily injuries, including death, arising in any way from my or my child’s or ward’s enrollment or participation in any program, course or recreational activity of every type and description provided or sponsored by the Providers.

I understand that my or my child’s or ward’s participation in such program, course or recreational activity may involve risk and the possibility of injury to me or to my child or ward, and to others, and of property damage.   
I hereby release and hold the Providers harmless from liability for any such injury or damage, whether incurred by me, my minor child or my ward, and including any injury that may occur as a result of emergency care provided by the Providers. I also hereby indemnify the Providers from any liability, loss, damages, costs, claims and/or causes of action brought by the minor child, the ward, or members of the minor child’s or ward’s family arising from their enrollment or participation, and from claims of others who I or my child or ward injure while participating in such program, course or recreational activity, including any injury that may occur as a result of emergency care provided to others by the Providers.

The undersigned, on behalf of the below mentioned participant, in connection with his/her participation in events held by DCR’s Universal Access Program, gives my permission for the Commonwealth of Massachusetts, including its DCR, to use photographs and/or videotape of me or the participant for publicity and media purposes, including but not limited to internet publications and inclusion in any DCR publication.

This release form is valid for 1 year (365 days) from the date of signature.

     

Participant Signature/Electronic Signature DATE

***If participant is under 18 years of age or has a legal guardian, signature of parent/guardian is required:***

     

Parent/Legal Guardian Signature/Electronic Signature Parent/Legal Guardian Name (Please Print)