

MOVIE DAY/NIGHT

Hold Town of Hudson Harmless

Waiver/Release for Watching Services

Name of Parent/Guardian: _____

Must provide a phone number that you can be immediately reached:

Allergy/Medical Concerns of any kind: _____

Child(ren) Name(s): _____

I, (the Parent or Guardian) of all children listed above, am leaving my child at the Hudson Town Hall on my own free will. I hereby release and waive against all claim of The Town of Hudson, its agents, employees, volunteers, representatives, officers, directors, from injuries, damages arising from injuries relating to my child or children's participation in movie night, and watching services. I further agree to indemnify, save and hold Indemnities harmless from any loss, liability, attorney fees, damage or cost that may incur out of or related to the watching services offered.

Parent/Guardian Signature _____

Date _____