

I, do hereby consent to my child's or my own participation in Wakefield High School Youth Soccer Clinic of the Town of Wakefield. I also agree to forever release the Town of Wakefield and all their employees, contractual agents, commission members, volunteers and any and all individuals and organizations assisting or participating in voluntary Wakefield High School Youth Soccer Clinic, Town of Wakefield ("the Releases") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the Wakefield High School Youth Soccer Clinic. I also promise, to indemnify, defend, and hold harmless the Releases against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation in the Wakefield High School Youth Soccer Clinic. I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's or my own participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child and/or myself to participate in the Wakefield High School Youth Soccer Clinic with full knowledge that the Releases will not be liable to anyone for personal injuries and property damage my child or I may suffer in the Wakefield High School Youth Soccer Clinic.

Parent Signature \_\_\_\_\_  
Print date

\_\_\_\_\_  
Sign date

Child's name \_\_\_\_\_  
Print