

CONSENT AND RELEASE

In consideration of my minor child _____ being granted permission to attend, study, participate, and/or take part in WAGNER FALCON FOOTBALL CLINIC to be held at WAGNER HIGH SCHOOL, during JUNE 24, 2017, I represent that I am the Parent or Legal Guardian of the above named child, and I do for myself and my child, hereby agree, consent, release and forever discharge and indemnify and hold harmless WAGNER FALCON CLINIC AND WAGNER HIGH SCHOOL and its officers, members, trustees, agents, and employees from and against all claims, demands, actions, or causes of action, loss, liability, damage or cost, including court costs and attorneys' fees, for property damage, personal injury or death which may arise out of, result from, be caused by, occur during, or in any way be connected with the aforesaid activity. I confirm and represent that I have read and examined the relevant materials about this activity, and have full knowledge of any and all risks involved. I represent that my child is medically fit and physically capable of participating in the aforementioned activity. I also represent that my child is covered by adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of any injury to my child.

THIS IS A RELEASE OF LEGAL RIGHTS. READ BEFORE SIGNING.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____