

**PARENTAL / PARTICIPANT CONSENT, RELEASE FROM LIABILITY AND  
INDEMNITY AGREEMENT**

**PLEASE READ:** This is a legal document which, if signed, will have the effect of rendering you and, if applicable, your child unable to bring any type of action against Jodi Klein, Gary Brown, any staff of the camp, Ignite Soccer Academy, King Philip Public Schools, Franklin Recreation Department, or any officers or employees of same for incidents occurring on the premises at King Philip Middle School, 18 King Street, Norfolk, MA 02056, or at Dacey Community Fields, 700 Lincoln Street, Franklin, MA 02038, event sponsor, donor, or any of its agents, because of any harm you, or if applicable, your minor child, may suffer as a result of participation in any activity while on the premises.

I, \_\_\_\_\_ (parent name – please print), for myself and / or as parent(s)

of \_\_\_\_\_ (child name – please print), minor(s),

do hereby consent to my / his / her participation in activities, both passive and active, at the camp and all activities associated with it, and hereby forever **RELEASE**, discharge, and covenant to hold harmless Jodi Klein, Gary Brown, Ignite Soccer Academy and appointed employees, and their successors and assigns from any and all manner of actions and causes of action, agreements, judgments, settlements, damages, claims, and demands whatsoever, known or unknown, at law or in equity, on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which I may now, or hereafter have as a participant or parent of said minor participating, and also all manner of actions and causes of action, agreements, judgments, settlements, damages, claims, and demands whatsoever, known or unknown, at law or in equity, which either I or said minor has or hereafter may acquire, either before or after he/she has reached his/her majority, resulting from his/her participation in this voluntary program.

I acknowledge that I enter into this Agreement after having had ample opportunity to consult with counsel, and I do so knowingly and voluntarily, with complete understanding of the terms and the conditions of the Agreement. I recognize that any form of exercise or athletic endeavor carries risk, including the danger of impact and injury to the musculoskeletal system (sprains and strains) and the cardiorespiratory system (dizziness, shortness of breath). I hereby certify that I know of no medical problems other than noted and disclosed that would increase my risk of illness or injury as a result of participation in any exercise program.