

LIABILITY RELEASE FORM

I understand that my child/children is/are participating in the Town of Madison Recreation Department Fall Soccer Program, in which certain dangers and risk may arise, including, but not limited to, physical injury or loss. In consideration of the right to participate in the Town of Madison Recreation Department Soccer Program, and the services provided to I by the Town of Madison and their agents and employees, I have and hereby do assume any and all risks associated.

To the extent not otherwise covered by an insurance policy the undersigned shall: AT his or her own expense defend the Town of Madison and its officers, employees, agents and invitees from any claim resulting in an injury to my child/children arising from any cause whatsoever which occurs during, as a result of, or in conjunction with The Town of Madison Recreation Department. At his or her own expense defend the Town of Madison and its employees, agents and invitees from any claim damage arising out of any injury to another person caused by themselves or their child/children while a part of any Madison Recreation Department programs. Indemnify the Town of Madison from all liability cost or expense, including attorney's fees, resulting or relation to any act or omission of themselves which results in a claim against the Town of Madison and its officers, employees, agents and invitees. The town of Madison does not warrant or guarantee that insurance is available or that, if available, will provide coverage for any injury.

By signing below, you acknowledge that participation in The Town of Madison Recreation Department Soccer program may result in physical strain on your child and therefore, you represent that to the best of your knowledge and belief they are in proper physical condition. If they suffer an injury or illness, the parent/guardian will be notified based on information provided during registration. If in an emergency the contact person is unavailable for contact then you hereby give permission to the emergency personnel to transport, hospitalize, and medically treat your child. You further authorize the Town of Madison and its employees to administer proper first aid in the event of a minor injury and use emergency procedures such as CPR if needed.

By signing below, you acknowledge that you have read this liability release form, fully understand its terms, and/or have had the opportunity to clarify any questions with legal counsel. If you are in any way uncomfortable with a FULL and COMPLETE release of your right to seek recovery for any injury or property loss you sustain while participating in the Madison Recreation Soccer program, you should not sign this Liability release form, in which case you agree that you/your child/children do not have permission and will not be allowed to participate in the Town of Madison Recreation Soccer program.

Date _____

Participant (s) _____

Parent/Guardian
Signature _____