



I give permission for my child _____ to participate in the F.E.E.E. Volleyball Tournament. I acknowledge that this tournament is voluntary and that my child, with my consent, is choosing to participate. I verify that my child has medical insurance and that my child is medically and physically fit to participate in this clinic. Furthermore, I undersigned parent/guardian of the minor listed above forever RELEASE, acquit, discharge, and convenient to hold harmless the town of Easton and Easton Public Schools, its officers and agents, from any and all actions, cause of action and claims on account of, or in any way growing out of, directly and indirectly, all known and unknown personal injuries or property damage which I may now or hereafter have as the parent of said minor, and also all acquire, either before or after damages which said minor has or hereafter may acquire either before or after my child has reached the age of the majority as result of participating in the activity.

I also give permission for my child named above, to receive medical attention including but not limited to treatment by a licensed trainer, and be transported in emergency vehicles should any incident occur requiring such attention.

Parent/Guardian Signature: _____

Date: _____