TOWN OF CLARENCE

CONSENT, WAIVER AND RELEASE OF PARENT OR GUARDIAN (for participants under the age of 18)

I am the parent or legal guardian	of (name of child). I hereby consent to my
child's participation in	(hereinafter referred to as the PROJECT). I HAVE READ
AND UNDERSTAND THE FOREGOIN	NG WAIVER AND RELEASE AND ACKNOWLEDGE POTENTIAL RISKS
INVOLVED IN PARTICIPTION IN TH	E DAY OF SERVICE. In consideration of allowing my child to participate, I
consent to the terms and provisions of the	e Waiver and Release and agree that its terms shall likewise bind me, my spouse,
if any, my Child and our respective heirs	, executors, administrators and assigns. I, for myself, my Child and the
RELEASORS, to the fullest extent permi	itted by law hereby waive, release, forever discharge and agree to defend, hold
harmless and indemnify the RELEASEE	S from and against any and all liabilities, claims, costs and expenses (including,
without limitation, reasonable attorneys'	fees and disbursements) whatsoever, in any manner arising, directly or indirectly,
or growing out of my Child's participation	on in or preparation for the PROJECT including, without limitation, any of the
foregoing arising out of the negligence o	f RELEASEES or others. I promise, on my behalf and on behalf of my Child and
the RELEASORS, not to sue RELEASEES regarding any claim or cause of action arising out of my Child's participation	
in or preparation for the PROJECT.	
Date:	
Printed Name of Parent/Guardian:	
Signature of Parent/Guardian:	
Printed Name of Witness:	

Signature of Witness: