

MEDICAL RELEASE FORM

I/We the parent(s)/guardian(s) of the above-mentioned minor child, do give my/our approval to his/her participation in the Reading Recreation softball clinic. I/We assume all risks and hazards incidental to such participation; and I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless Domenic Gasdia, the organizers, sponsors, and participants of any clinic activities for any claim arising out of any injury to my/our child to the extent covered by accident or liability insurance.

Name: _____ Date: _____

Signature: _____