

**United Way/NFL Youth Clinic
RELEASE AND HOLD HARMLESS AGREEMENT**

WHEN: Saturday, March 7, 2020, noon – 3 p.m.
WHERE: Worthington Johnson Athletic Center
Choate Rosemary Hall, Wallingford, CT
FOR: Ages 8-14
COST: \$50 per youth – *preregistration mandatory*

PLAYER NAME: _____ **Youth Shirt Size** **Adult Shirt Size**
S / M / L / XL Sm / Med/ Lg./ XL **AGE:** _____
ADDRESS: _____
CITY/STATE: _____ **ZIP:** _____
HOME PHONE: _____ **PARENT CELL PHONE:** _____
EMAIL: _____

ACKNOWLEDGEMENT OF RISK

I, _____, hereby indemnify and hold harmless, United Way of Meriden and Wallingford, Inc., and its employees and partners from any liability arising from accident, injury, theft, or damages to the above-named participant in the football clinic held at the Worthington Johnson Athletic Center, Choate Rosemary Hall on March 7, 2020.

The terms of this release form shall be construed as the entire agreement and may not be altered, amended, or modified except in writing and signed by both parties. The terms of this release shall be governed by the laws of the State of Connecticut.

The parent or guardian must read and sign the above, indicating his/her acceptance.

Date: _____ **Signed:** _____
Parent/guardian

GRANT OF PERMISSION

I/we the undersigned, (parents/guardians) hereby grant permission and authority to United Way of Meriden and Wallingford, Inc., its officers and authorized employees and partners to act for us in executing verbal instructions if unable to contact us, to act for us in dealing with physicians, available ambulance companies and hospitals, to obtain prompt medical attention for the participant named above in the event of any perceived medical emergency. I hereby covenant and agree to release United Way of Meriden and Wallingford, Inc, its officers, agents and employees, and owners of any property concerned, and hold harmless from liability for any injury or damage which the above-named clinic participant may sustain while at the Worthington Johnson Athletic Center, Choate Rosemary Hall on March 7, 2020. I hereby consent that any photographs or video taken during the event may be used by the United Way of Meriden and Wallingford, Inc. and its participating member agencies for publicity purposes.

Date: _____ **Signed:** _____
Parent/guardian

Please return this *completed* form with a check made payable to the United Way of Meriden and Wallingford, 35 Pleasant Street, Suite 1E, Meriden, CT 06450. **Registrations will not be accepted without completed form and payment.** **There must be a form filled out for each youth participant.** Spots are limited so please have your registration in as soon as possible.