

For good and valuable consideration, including PARTICIPANTS being permitted to participate in the Concord Summer Lax League ("EVENT") to be held as scheduled (See attached schedule), I, the undersigned participant ("EVENT") and I, The undersigned parent or Guardian of spouse ("PARENT, GUARDIAN or SPOUSE") (where applicable), for myself, my successors, heirs, assigns, executors, and administrators forever release and discharge the Concord Summer Lax League, the Town of Concord, all sponsors of the EVENT (hereafter individually and collectively in al combinations referred to as "Concord Summer Lax League") from all claims, causes of actions, costs and judgments that I know or hereafter may have or claim to have against the Concord Summer Lax League for personal injuries, including death, and damages to property, real or personal, caused by or arising out of PARTICIPANTS involved in the EVENT.

I further agree to and hereby assume any and all risks of personal injuries to PARTICIPANT, including death, and damages to PARTICIPANT's property, real or personal, caused by or arising out of PARTICIPANT's involvement in the EVENT, and from all judgments and costs recovered in said claims and suits and from all expenses incurred in defending said claims or suits.

I further agree that PARTICIPANT's photographs, pictures, slides and movies taken or made by the Concord Summer Lax League in connection with PARTICIPANT's involvement with the EVENT, or any reproduction of the same, as well as PARTICIPANT's name, may in any manner used by the Concord Summer Lax League, or by any person, corporation, or association authorized by the Concord Summer Lax League.

I warrant that PARTICIPANT is in good health, and has no physical condition that would prevent PARTICIPANT from participating in the event.

I HAVE READ AND UNDERSTAND THE FOREGOING RELEASE AND SIGN IT VOLUNTARILY

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Parent/Guardian (if Participant is a minor) or Spouse (if Participant is married)

\_\_\_\_\_  
Name of Participant (print)

\_\_\_\_\_  
Name of Parent/Guardian or Spouse

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State Zip

\_\_\_\_\_  
City/State Zip

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date