

**Name of Player**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Age**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Parent/ Guardian**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Athletic Participation Consent Form**

**Consent for participation in The Well Shrewsbury Summer Break Football Sessions.**

I, the parent/guardian of the child named above, hereby give permission for my child to participate in playing football with The Well Shrewsbury (TWS) at the summer break football sessions. I understand that there is an inherent risk of injury in sports, particularly with contact sports. Such injuries may include, but not be limited to, concussions, such as traumatic brain injury, and injuries to bones, ligaments, neck, spine or internal organs. I also understand the potential risk of contracting COVID-19 through my child’s participation in athletic activities. I understand all risks involved and expressly agree to accept all risks existing in the sport in which my child will be participating. I will not hold TWS or any of its volunteers liable, in both their individual and corporate capacity, for any liabilities that may occur while participating in the sports including travel or for injuries sustained as a result of negligence on the part of TWS.

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_