



**Consent, Release and Indemnification Agreement
for the Clarke Buddies Program**

Child's Name: _____ DOB: _____
(Please Print) Last First M

Additional participant(s) _____ DOB _____

_____ DOB _____

_____ DOB _____

Address: _____ Telephone: _____

Parent/Guardian Name: _____
(Please Print) Last First M

Email Address _____

Telephone: _____ Alternate phone: _____

I understand that participation in this Clarke Schools' event is voluntary. I consent to having my child or children participate in the program. I understand that Clarke Schools for Hearing and Speech will not be held liable for any personal injuries and/or property damage sustained as a result of the activities involved in the program.

I, on behalf of myself and my child or children, agree to release, hold harmless and indemnify Clarke Schools for Hearing and Speech, their employees, officers and/or agents, from any loss, cost, damage, injury and/or expense of any nature, including all attorneys' fees and costs which may result either directly or indirectly, from participation in this Clarke Schools for Hearing and Speech program.

By signing this agreement, I acknowledge that I have read and understand this document and accept the risks and responsibilities of participation in this Clarke Schools for Hearing and Speech event.

Parent/Guardian Signature: _____ Date: _____

Copy to:

Event coordinator
Program director
Business Office