

RELEASE

I, _____, parent of _____
(parent) (child)

hereby acknowledge that the insurance obtained by the Littleton Soccer Club through the New Hampshire Soccer Association **does not provide coverage** for travel to and from and participation in any soccer games with **teams from other towns**.

I hereby release and discharge the Littleton Soccer Club, its organizers, directors, coaches and volunteers from any claims of any nature including claims for personal injury and/or medical bills on behalf of my child named above related in any way to travel to and from and participation in Littleton Soccer Club games with teams from other towns. I understand that it will be my responsibility or the responsibility of **my own insurance company** to pay any medical bills relating from injuries to my child named above from any such travel or any such game.

Having released the Littleton Soccer Club, its organizers, directors, coaches and volunteers from any such responsibility, I hereby give my permission for my child named above to participate in soccer games with teams from other towns.

Date: _____ Signed: _____
(parent)