

WAIVER AND RELEASE OF ALL CLAIMS FOR PARTICIPATION
IN

Please read this form carefully and be aware that in enrolling and participating in the above program, you will be waiving and releasing all claims for injuries you or the above participant may sustain.

(Name of Participant)

Year

As a participant or guardian of a participant in the program, I recognize and acknowledge that there are certain risks of physical injuries, including death, damages or losses which the above participant may sustain as a result of his/her participation in any and all activities connected with or associated with such program.

I do hereby fully release and discharge New Trier Township High School District No. 203, including the Board of Education, its members, officers, employees and agents, including the Athletic Department administrators, staff and any volunteers (hereinafter referred to collectively as the "Indemnites") from any and all claims from injuries, including death, damages or losses which the above participant may have or which may accrue on account of participation in the program.

I do hereby as a parent or guardian specifically release and discharge the Indemnites from any causes of action I may have as a parent or guardian for support, mental or emotional damage or otherwise arising out of my relationship to the participant.

I further agree to indemnify and hold harmless and defend the Indemnites from any and all claims resulting from injuries, including death, damages and losses sustained by me or the above participant and arising out of, connected with, or in any way associated with the activities of the program.

I have read and fully understand the nature of the above _____ and the terms and conditions of the Waiver and Release of All Claims.

Signature of Participant

Date

Signature of Parent(s) or Guardian(s)

Date