

**NEW TRIER HIGH SCHOOL WAIVER AND RELEASE OF ALL
CLAIMS FOR PARTICIPATION IN ARCHERY CLUB**

I UNDERSTAND MY SIGNATURE INDICATES THAT I WAIVE AND RELEASE NEW TRIER HIGH SCHOOL AND ITS AGENTS FROM ANY AND ALL CLAIMS FOR INJURIES I MAY SUSTAIN WHILE PARTICIPATING IN THIS PROGRAM.

THE BELOW NAMED STUDENT MAY PARTICIPATE IN ARCHERY CLUB FOR THE **2019-2020** SCHOOL YEAR.

ARCHERY CLUB WILL BE SPONSORED BY TWO ADULTS APPOINTED BY NEW TRIER AND OPERATED IN ACCORDANCE WITH SCHOOL RULES AND BOARD POLICY.

THE STUDENT NAMED BELOW AGREES ACCORDINGLY TO ACT AS A RESPONSIBLE MEMBER OF ARCHERY CLUB AND ADHERE TO RULES AND RESTRICTIONS ESTABLISHED BY NEW TRIER HIGH SCHOOL AND POLICY.

I hereby waive and release all claims against New Trier Township High School, the Board of Education, its members, officers, agents, servants, independent contractors, the program, and/or its teacher(s)/leader(s) from any injury, including death, loss, damage, accident, medical care, delay, or expense incurred during my participation in the program.

Name of Participant (PRINT)

(Activity Name)

Signature of Participant

Date of Signing

INDEMNIFICATION AGREEMENT

I acknowledge that the student named below will be participating in Archery Club for the 2019-2020 school year. I do hereby agree to indemnify and hold harmless New Trier Township High School District 203, its officers, agents and employees, from and against any and all claims, losses, injuries, damages, judgments, liability and expenses, including not limited to attorney's fees, that may be incurred by them, arising out of his/her participation in the program.

Signature of Parent/Legal guardian

Date of Signing

(Please check and sign if applicable)

☐ My child has a special health need and I will contact the sponsor to arrange any necessary accommodations. *(Parent/Guardian Signature)* _____