

**WAIVER AND RELEASE OF ALL CLAIMS**

Participant:

As a participant in the Softball Clinic at Schaumburg High School, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages, or losses which my child may sustain as a result of his or her activities.

I do hereby fully release and discharge Township High School District 211, including its Board of Education, members, officers, agents, servants, independent contractors, and employees (hereinafter referred collectively as the "School District") from any and all claims from injuries, damages or losses which my child may have or which may accrue because of the use of the District's facilities.

I further agree to indemnify and hold harmless and defend the School District from any and all claims resulting from injuries, damages, and losses sustained by my child and arising out of, connected with, or in any way associated with his or her activities.

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

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Emergency Contact Information:**

Parent's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Participants Allergies: \_\_\_\_\_

In case of an emergency, a coach will attempt to contact a parent. If we cannot reach the parent, we will attempt to contact the alternate listed below:

Alternate Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_