

GLEN ELLYN SCHOOL DISTRICT 41

**WAIVER AND RELEASE OF ALL CLAIMS
FOR PARTICIPATION IN PROGRAM**

(Program Name)

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

(Name of Participant)

Waiver and Release

In allowing my child to participate in the above Glen Ellyn School District 41 program, 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 loss which my child may sustain as a result of participating in any and all activities connected with or associated with such a program.

I agree to waive and relinquish all claims I or my child may have as a result of participating in the program against Glen Ellyn School District 41 and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which may have or which accrue to me or my child on account of participation in the program.

I further agree to indemnify and hold harmless and defend Glen Ellyn School District 41 and its officers, agents, servants and employees from any and all claims sustained by me or my child, arising out of, connected with, or in any way associated with the activities of the program.

In the event of an emergency, I authorize Glen Ellyn School District 41 to secure from any accredited hospital and/or physician any treatment deemed necessary for my immediate care or for the immediate care of my minor child, and I agree that I will be responsible for any and all medical services rendered.

Signed (Parent or Guardian of Participant)

Date