Huntley Park District

Athletic Team Waiver, Release, and Roster

Bench Personnel (Please print):

Head Coach: _____

Asst. #1: _____

Asst. #2: _____

Team Name: _____ **Division:** _____

League: Huntley Hoop Fest Tournament **Dates: February 25th , 26th, 2017**

Read this form carefully and be aware that in signing and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or losses which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages, or losses, regardless of severity, that my minor child/ward or I may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Huntley Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred to as the Huntley Park District).

I do hereby fully release and forever discharge Huntley Park District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may occur to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering by fax, your facsimile signature shall substitute for and have the same legal effect as an original form signature. In the event of an emergency, "I authorize the Huntley Park District to secure medical services from any accredited hospital and/or ward and further agree that I will be responsible for any and all medical services rendered." **I have carefully read the insurance liability waiver and understand that my signature is required below in order to participate in the Huntley Park District program listed above.**

#	NAME (Please Print)	ADDRESS	PHONE	PARENT SIGNATURE