

LAKE FOREST HIGH SCHOOL BOYS' LACROSSE CLINICS January/February 2012 :

Mail to: Community Sports

Sharon Popiel
Lake Forest High School
1285 N McKinley Road
Lake Forest IL 60045

\$30 per player for one session or \$50 per player for both

Checks ONLY made payable to LFHS Fee _____

Program Date(s): **Sunday, January 29th**

Sunday, February 5th

(please circle dates that apply)

Participant's Name _____

Grade: (please circle one) 5th Grade 6th Grade 7th Grade 8th Grade

If additional sibling, please add below:

Participant's Name _____

Grade: (please circle one) 5th Grade 6th Grade 7th Grade 8th Grade

Address, City, State, Zip _____

Home Phone: _____ Cell Phone: _____

Parent's Names: _____ Email: _____

In case of emergency Name & Phone # _____

Participant Liability Waiver and Hold Harmless Agreement

Please read this form carefully and be aware that by registering for and participating in this program(s) or by registering your minor child/ward for participation in this program(s), you will be waiving your rights and/or the rights of your minor child/ward to all claims for injuries you or your minor child/ward might sustain arising out of this program(s) and you will be required to indemnify, hold harmless, and defend the Lake Forest High School for any claims arising out of participation in said program(s).

Risk of Injury

"As a participant in the program, or as a parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities associated with this program."

Waiver of Injury Claims

"I agree to waive and relinquish any and all claims I may have arising out of, connected with, or in any way associated with the activities of the program."

Release from Liability

"I do hereby fully release and discharge the Lake Forest High School and its officers, agents, and employees from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may occur on account of participation in the program."

Indemnity and Defense

"I further agree to indemnify, hold harmless and defend the Lake Forest High School and its officers, agents, and employees from any and all claims from injuries, including death, damages and losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program."

In the event of any emergency, I authorize the Lake Forest High School to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed reasonable and necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand and agree to the above Participants Liability Waiver and Hold Harmless Agreement

Signature Required (I have read & agree with Liability Waiver)

Parent/Guardian or Adult Participant

Date