



**THE UNIVERSITY OF CHICAGO
DEPARTMENT OF PHYSICAL EDUCATION AND ATHLETICS
PARENTAL PERMISSION WAIVER AND RELEASE FORM**

I certify that I am a parent or the legal guardian for _____ ("child/ward") and that s/he has my permission to participate in the Chicago Catholic League Indoor Track and Field Championship Meet (the "Activity") at the University of Chicago's Henry Crown Field House ("University") on Sunday, March 19, 2017. I understand that s/he will engage in an athletic experience which may involve physical activities that have an inherent risk of injury.

In consideration of my child/ward being permitted to participate in the Activity, I agree to assume all the risks and responsibilities surrounding my child/ward's participation in the Activity and in any activities undertaken as an adjunct thereto, and in advance release, waive, forever discharge, and covenant not to sue the University, its governing board, officers, agents, employees, and any students acting as employees ("University"), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature which my child/ward may have or may hereafter accrue to him/her, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by him/her or by any property belonging to him/her, except if caused by the sole negligence of the University, while s/he is in, on, upon, or in transit to or from the premises where the Activity, or any adjunct to the Activity, occurs or is being conducted.

I have signed this Waiver and Release in full recognition and appreciation of the dangers, hazards, and risks of such activities, which dangers include but are not limited to injuries or drowning arising from athletic activity, and which could include serious or even mortal injuries and property damage. In signing this Release, I acknowledge and represent that I have fully informed myself of the content of this Release of liability and hold harmless agreement by reading it before I sign it, and that I have reviewed it and understand what it means and that I sign this document as my free act and deed. No oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I understand that the University does not require my child/ward to participate in this Activity, but I want him/her, to do so, despite the possible dangers and risks and despite this Release.

I further agree that this Release shall be construed in accordance with the laws of the State of Illinois. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release, the validity of the remaining portions shall not be affected thereby.

Signature of Parent or Legal Guardian

Date

Printed Name of Parent or Legal Guardian

Printed Name of Participant



**THE UNIVERSITY OF CHICAGO
DEPARTMENT OF PHYSICAL EDUCATION AND ATHLETICS
ACCEPTANCE OF RISK WAIVER**

As a participant in the Chicago Catholic League Indoor Track & Field Championship Meet (the "Event/Activity") taking place at The University of Chicago's Henry Crown Field House on Sunday, March 19, 2017, I recognize and acknowledge that there are certain risks of physical injury including, but not limited to death which may arise from my participation. I have no physical condition which would present a risk of injury to me through my participation in the event/activity. Notwithstanding any instruction or consultation by The University of Chicago, I agree to assume responsibility for any such injuries, damages, or loss which I may sustain as a result of participating in any and all activities connected with or associated with the event/activity except if caused by sole negligence of The University of Chicago.

I hereby release, waive, and discharge the damages and losses arising out of any loss, damage, or injury that may be sustained by me or to any property belonging to me while participating in the event/activity. I acknowledge that The University of Chicago is providing me with an educational and athletic opportunity and I further agree to indemnify and hold The University of Chicago harmless for any occurrence resulting therefrom except if caused by the sole negligence of The University of Chicago.

It is my express intent that this Acceptance of Risk Agreement shall bind the members of my family, my heirs, and assigns. This agreement shall be construed in accordance with the laws of the State of Illinois. I further agree that participation in any activity will be at my own discretion and judgment. I will abide by all applicable safety rules. I also understand that The University of Chicago does not provide health, accident, or liability insurance to me. I certify that I have health insurance that will cover medical services that might be necessary and agree that I will not participate in any activities should I become uninsured. I am 18 years of age or older.

I have read and fully understand the above Acceptance of Risk and I voluntarily sign this Agreement.

Participant Signature

Printed Name of Participant

Date