

**BARRINGTON HIGH SCHOOL GIRLS' LACROSSE CLUB, INC.**

**WAIVER**

I the undersigned acknowledge and fully understand that each participant will be engaging in activities, including Lacrosse, and physical training that involve risk of serious injury, including permanent disability or death and severe social and economic losses which might result not only from my and or my child's actions, inactions and negligence but action, inaction or negligence of others, the rules of play or the conditions of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at the time, and that I assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, and hereby release, discharge, indemnify and waive any potential cause of action against, Community School District 220, the Barrington High School Girls' Lacrosse Club, Inc., the Lake Barrington Field House, the Barrington Park District, their affiliated organizations and sponsors, their coaches, managers, employees, volunteers and associated personnel, officers, agents, including the owners and leasers of premises used to conduct activities, all of which are hereinafter referred to as "releasee," from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all claims by or on behalf of the participant as a result of the participant's participation in the activities, and for transportation to and from the activities. I hereby give my consent to have an athletic trainer, coach, doctor or dentist or associated personnel to provide the participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I, also agree to save and hold harmless and indemnify each and all releasee from all liability, loss, cost, claim or damage whatsoever, including death or damage to property which may be imposed upon releasee because of any defect in or lack of capacity to act or caused or alleged to be caused by the negligence of the releasee. I have read this waiver and understand that I/we have given up substantial rights by signing this waiver voluntarily.

\_\_\_\_\_  
Participant's Printed Name

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone # and email address

\_\_\_\_\_  
Telephone # and email address