Submit Form

NEW TRIER TOWNSHIP HIGH SCHOOL DISTRICT 203

To commit minds to inquiry, hearts to compassion, and lives to the service of humanity.®

Waiver and Release of All Claims and Assumptions of Risk
New Trier Girls Summer Soccer League

Player Name: _____

Street Address: _____

City: _____ **Zip:** _____

Home Phone: _____ **Emergency Phone:** _____

Email: _____

Activity: ***Girls Summer Soccer League***

Americans with Disabilities Act (ADA)

Please check here if you need ADA accommodations to effectively participate in this activity. A staff member will contact you for more information. If you do not hear from us within two weeks prior to the start of a program, we encourage you give us a call.

(Please read the following and sign below)

Waiver and Release of All Claims and Assumptions of Risk

Please read this form carefully. Be aware that in signing up and participating in the identified programs/activities, you will be expressly assuming the risk and legal liability. You are waiving and releasing all claims for injuries, damages or loss, which you or your minor child/ward might sustain as a result of participation in any activities connected with and associated with said programs/activities (including transportation services/vehicle operation, when provided.

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities. I voluntarily agree to assume the all risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs/activities. I hereby release and hold harmless the School District, including its officials, agents, volunteers and employees (hereinafter collectively referred as New Trier Township High School District 203).

I do herby fully release and forever discharge New Trier Township High School District 203 from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs /activities.

I have read and fully understand the foregoing information, potential risks, assumption of risks, and the waiver and release of all claims.

I further understand that if I am registering on-line or via fax, my on-line facsimile signature shall substitute for and have the same legal effects as an original form signature.

Participants Name_____

Team/School_____

Participants Signature_____ Date_____
(If over 18 years of age)
(Type to indicate acceptance of terms)

Parents Signature_____ Date_____
(If participant under 18 years of age)
(Type to indicate acceptance of terms)

PARTICIPATION WILL BE DENIED if signature of the adult participant or signature of the parent/guardian of participant under 18 years is not included along with the date on this document.

7 Happ Road • Northfield, IL 60093-3411 • phone 847.446.7000 • fax 847.784.7500 • 847.784.6641 TDD only
385 Winnetka Avenue • Winnetka, IL 60093-4295 • phone 847.446.7000 • fax 847.501.6400 • 847.784.6641 TDD only