

JOLIET SCHOOL DISTRICT 86
400 RAYNOR AVE
JOLIET, IL 60435

UNIVERSITY OF ST. FRANCIS
500 WILCOX ST.
JOLIET, IL 60435

PARENTS/GUARDIANS OF ALL PARTICIPANTS IN THE UNIVERSITY OF ST. FRANCIS
"7 ON 7" PASSING CAMP MUST READ, AND SIGN THIS WAIVER/RELEASE FORM
BEFORE THEIR SON WILL BE ALLOWED TO PARTICIPATE.

PARENTAL WAIVER/RELEASE FORM

I HEREBY GRANT PERMISSION FOR MY SON, _____
TO PARTICIPATE IN THE AFOREMENTIONED "7 ON 7" PASSING TOURNAMENT. IN SO
DOING, I ASSUME ALL RISKS AND FINANCIAL RESPONSIBILITY FOR ANY HAZARDS
INCIDENTAL TO SUCH PARTICIPATION. INCLUDING TRANSPORTATION TO AND
FROM THIS EVENT

I HAVE NO KNOWLEDGE OF ANY PHYSICAL IMPAIRMENT THAT WOULD AFFECT MY
SON'S PARTICIPATION IN THE AFOREMENTIONED TOURNAMENT, AND IN THE
EVENT OF ANY EMERGENCY, I AUTHORIZE THE TOURNAMENT STAFF, IN ITS BEST
JUDGMENT, TO ACT FOR ME IN OBTAINING APPROPRIATE MEDICAL TREATMENT.
IN CONSENTING TO SUCH TREATMENT, I WILL BE FINANCIALLY RESPONSIBLE FOR
ALL CHARGES RELATED TO HOSPITALIZATION, TREATMENT, EMERGENCY
SERVICES, ETC. I FURTHER ACKNOWLEDGE THAT MY SON'S PARTICIPATION IN
THIS TOURNAMENT WILL INVOLVE POSSIBLE PHYSICAL CONTACT WITH OTHER
PERSONS, AND/OR OBJECTS (I.E. THE GROUND, FIRST DOWN MARKERS, CHAINS,
ETC.) AND THAT HE MAY INCUR THE RISK OF INJURY FROM THAT CONTACT.

I HEREBY WAIVE, GIVE UP, RELEASE, ABSOLVE, INDEMNIFY, AND HOLD HARMLESS
THE STAFFS, REPRESENTATIVES, AGENTS, AND/OR ASSIGNS OF JOLIET SCHOOL
DISTRICT 86 AND THE UNIVERSITY OF ST. FRANCIS FROM LIABILITY FROM CLAIMS
AND/OR DAMAGES MY SON MAY INCUR FROM INJURIES, ILLNESSES, ETC.
SUSTAINED AS A RESULT OF HIS PARTICIPATION AND/OR TRAVEL TO AND FROM
THE CAMP.

(SIGNATURE -PARENT/GUARDIAN)

(DATE)