CONSENT TO FULLY RELEASE NORTH PARK UNIVERSITY AND ITS REPRESENTATIVES FROM FUTURE NEGLIGENCE

In consideration of my child’s participation in North Park University two hour soccer camp (the “Camp”), including any travel related thereto, either to or from the Camp or during the Camp to any location being used by the Camp, I, as parent/guardian of (Name of Participant), agree on behalf of my child as follows:

1. RISK FACTORS. I understand and acknowledge that my child’s participation in the Camp involves risk including, but not limited to, the following: risk of property damage and bodily injury, including, but not limited to, permanent disability, paralysis and possibly death. These risks may result from participation in Camp, from the acts of my child and/or others, or from the unavailability of emergency medical care for any reason.

2. ASSUMPTION OF THE RISK. I expressly and voluntarily consent and agree to assume full responsibility for any and all damages or injury that may arise out of or result from my child’s participation in the Camp, except for any injuries caused by the gross negligence or willful or wanton misconduct of any officials, officers, employees, agents, coaches or volunteers of North Park University.

3. RELEASE. I hereby release, waive and forever discharge North Park University, its affiliates, their directors or trustees, officers, employees, personnel, volunteers, and any of their staff members, coaches, instructors, agents or representatives (“Releasees”), from all liability to me of and from any and all present and future claims, demands, damages, actions, or rights of action, whether legal or in equity, arising from or by reason of any bodily injury or personal injuries known or unknown, death, loss or theft of personal property or property damage that may occur as a result of my child’s participation in the Camp.

4. PARENT/GUARDIAN ACKNOWLEDGEMENT OF POLICIES AND PROCEDURES. I acknowledge my reading and knowing all policies and procedures relating to the Camp, and understand that the safe and proper participation in the Camp is dependent upon carefully following such policies and procedures. I agree to comply with and abide by all rules and regulations of the Camp and North Park University. The Camp staff reserves the right to temporarily or permanently revoke or terminate my child’s participation privileges for any violations of the rules, regulations, policies and/or procedures of the Camp.

5. PARTICIPANT ACKNOWLEDGEMENT OF POLICIES AND PROCEDURES. I acknowledge my reading and knowing all policies and procedures relating to the Camp, and understand that the safe and proper participation in the Camp is dependent upon carefully following such policies and procedures. I agree that I shall comply with and abide by all rules and regulations of the Camp and North Park University. The Camp staff reserves the right to temporarily or permanently revoke or terminate my participation privileges for any violations of the rules, regulations, policies and/or procedures of the Camp.

6. INDEMNIFY AND DEFEND. I agree to indemnify and hold harmless the Releasees from and against all claims, demands, lawsuits, causes of action, liabilities, losses, costs (including reasonable attorneys’ fees and court costs) or damages for any property damage, property loss or theft, personal injury, death or other loss arising from or relating to my child’s participation in the Camp.

7. CONSENT AND RELEASE FOR EMERGENCY TREATMENT. I, as the parent/guardian of a participant of the Camp, hereby consent to medical treatment in a medical emergency where I am or my child is unable to consent to such treatment. I further release the Releasees from any
claim whatsoever on account of first aid treatment, emergency medical services or other services rendered to my child during my child’s participation in the Camp.

8. JURISDICTION. This General Release, Assumption of Risk and Waiver from Liability (“Release”) shall be governed in all respects by the laws of the State of Illinois. The parties agree to use the State of Illinois for jurisdiction and the County of Cook in the State of Illinois as venue for any disputes between the parties.

9. SCOPE OF RELEASE AND SEVERABILITY. I expressly agree that this Release is intended to be as broad and inclusive as permitted by the law of the State of Illinois, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

10. ACKNOWLEDGEMENT. I have read and fully understand this Release. I realize it relates to surrendering and releasing valuable legal rights and remedies. By signing this Release, I hereby freely and voluntarily release those legal rights and remedies.

________________________________________  __________________________________________
Date                                           Name of Participant (please print)

________________________________________  __________________________________________
Name of Parent/Guardian (please print)         Name of Participant (please print)

________________________________________
Signature of Parent/Guardian

PARENT/GUARDIAN INFORMATION:  PARTICIPANT INFORMATION:

________________________________________  __________________________________________
HOME PHONE                                     ADDRESS

________________________________________  __________________________________________
CELL PHONE                                     CITY          STATE         ZIP

________________________________________  __________________________________________
WORK PHONE                                     AGE          GRADE

________________________________________  __________________________________________
EMAIL                                          SCHOOL

SECONDARY EMERGENCY CONTACT INFORMATION:

________________________________________
NAME (PLEASE PRINT)

________________________________________
RELATIONSHIP TO PARTICIPANT

________________________________________
PHONE