



(Rap'tər) "A person who is accountable, trained in movement in a direction to make the most of their genuine and authentic talent"

MILLS ATHLETIC COUNCIL PLAYER LIABILITY AND WAIVER FORM

**ALL PARENTS OF PLAYERS TRYING OUT FOR THE ILLINOIS RAPTORS MUST SIGN THIS FORM BEFORE THEIR CHILDREN CAN PARTICIPATE*

Player Name _____

Grade: 3 4 5 6 7 8 9 10 11 12 (Please circle)

Program: Boys Girls (Please circle)

The undersigned is the parent or guardian of the above named minor who desires to participate in the Illinois Raptors Tryouts. I agree that prior to my child participating I have had the opportunity or will inspect the facilities and equipment to be used and if I believe anything is unsafe I will immediately advise the coaches, referees or other supervisor of such conditions.

I acknowledge and fully understand that each participant is voluntarily engaging in activities that involve risk or risk of injury (even catastrophic injury) which might result not only from their own actions, inactions or negligence but the actions, inactions or negligence of others, the rules of play, or the conditions of the premises or any of the equipment used, and that further there may be a risk not known to the organizers or not reasonably foreseeable at this time.

I assume all of the foregoing risks as a condition of my child's participation and accept personal responsibility for any damages that may follow any injury. I hereby for my own part and on behalf of my child release, waive, unconditionally discharge and consent not to sue the organizers, officers, directors, agents, coaches and other employees or volunteers of the Mills Athletic Council, sponsoring agencies, sponsors, advertisers or any other party associated with the Mills Athletic Council for any claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part and/or arising out of participation in any official or unofficial activities, events or competitions of the Mills Athletic Council.

I hereby consent to accept responsibility for final decisions regarding continued participation of my child if suffering from injuries. In addition, I certify that my son or daughter is covered by health insurance that is deemed appropriate by me in participation in the Illinois Raptors tryouts.

I HAVE READ AND UNDERSTAND THIS WAIVER AND UNDERSTAND THAT I AM GIVING UP FOR MY OWN PART AND ON BEHALF OF MY CHILD, SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER AND I SIGN IT VOLUNTARILY.

Parent/Guardian
Printed Name _____ Signature _____
Date _____

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Bolingbrook, Illinois 60440

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www.IllinoisRaptors.org

Illinois Raptors is a program offered by The MAC

