

Waiver/Release Form

As a parent or guardian of a participant in this program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, damages or losses, which may be sustained as a result of participating in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I or my child may have as a result of participating in this program against the Chicago Eagles/MAI, other participating churches or organizations, its officers, agents, servants, and employees from any. I further agree to indemnify and hold harmless and defend the Chicago Eagles/MAI, other participating churches or organizations, its officers, agents, servants, and employees from any and all claims sustained by me or my child, arising out of, connected with, or in any way associated with the activities of the program. In the event of an emergency, I authorize any treatment necessary from any accredited hospital and/or physician for the immediate care of my minor child/children and agree that I will be responsible for payment for any and all medical services rendered.

Insurance Carrier

Policy Number

Signature of Parent or Guardian

Date