

MENDOTA

TOWNSHIP HIGH SCHOOL

2300 WEST MAIN STREET • MENDOTA, ILLINOIS 61342 • PHONE (815) 539-7446 • FAX 538-2026 • DISTRICT #280

WAIVER AND RELEASE

Activity: Extracurricular Transportation

In consideration of Mendota Township High School District No. 280 (hereinafter the "District") allowing me [the student, if 18 years of age or older]/my/our child [if the student is under 18 years of age] (hereinafter the "Student") to be transported by me or my designee named below (hereinafter, the "Driver") to and/or from an extracurricular practice or event that is commonly referred to as "_____", (the transportation to/from which is hereinafter called the "activity"), I/we do hereby Release, Discharge, and Indemnify the District, its Board of Education, the individual members, agents, employees, and representatives thereof (hereinafter, the "District"), from any and all claims, demands, and causes of action which may accrue to me/us, my/our heirs, executors or assigns, or the Student, the Student's heirs, executors, and assigns, as a consequence of, and/or resulting from undertaking such activity and any resulting personal injury including, but not limited to: permanent or temporary disability, broken bones, torn or pulled ligaments or tendons, stress fractures, bone spurs, back injury, all soft tissue injuries, injury to skin, eyes, muscle tears and bruises, all dental injuries, concussions, or death, (hereinafter "personal injury") or property damage which the Student may sustain in the course of participating in such activity.

I/we acknowledge that this activity is not a school-sponsored event and that access to the activity is being acquiesced to as a benefit to the Student and not for the benefit of the District. I/we understand that the District will assume no responsibility for the supervision of the Student or for damage, accidents, injuries, or personal injuries incurred as a result of the Student's participation in this activity.

I/we on behalf of the Student assume all responsibility for any damage and/or personal injury that the Student may cause to himself/herself, others, and/or property while participating in the activity. I/we release and waive, and further agree to indemnify, hold harmless, and reimburse the District, Board of Education, the individual members, agents, employees and representatives thereof, from and against any claim which I/we, the Student or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, damages (including consequential damages) or injuries arising out of the Student's participation in the activity or the rendering of emergency or non-emergency medical procedures or treatment, if any.

I/we have adequate medical and liability insurance, and will provide proof of such upon request.

Dated: _____

Name of Student: _____

Signature of Student: _____

Signature of Mother/Legal Guardian

Signature of Father/Legal Guardian

Print Name

Print Name

Address

Address

Telephone

Telephone

Signature of Driver (If designated by Parent/Legal Guardian)

Print Name

Address

Telephone