WAIVER AND RELEASE OF ALL CLAIMS
TOWNSHIP HIGH SCHOOL DISTRICT 113

Participant: _____

As the parent or legal guardian of the above-named minor, I give authorization for said minor to participate in the event or activity known as **Fencing Class for Grades 6-8** (the "Activity") at Township High School District 113 ("School District"). I recognize and acknowledge that there are certain risks of physical injury and even death associated with the above-named minor's participation in the Activity and I agree to assume the full risk of any injuries, damages or losses which I or my student may sustain as a result of the above-named minor's participation in the Activity.

I do hereby fully release, hold harmless, and discharge Township High School District 113, including its Board of Education, Board members, officers, agents, servants, independent contractors and employees (collectively the "School District Indemnitees") from any and all claims from injuries, damages, or losses which the above-named minor may have or which may accrue while participating in the Activity.

I further agree to release from liability, indemnify, and hold harmless and defend the School District Indemnitees from any and all claims resulting from injuries, damages and losses, including death, sustained by the above-named minor and arising out of, connected with, or in any way associated with the Activity.

In the event of a medical emergency, I give my permission to a representative of the School District to act on the above-named minor's behalf. If medical attention is necessary, I understand that I am responsible for all bills that are associated with the treatment and will not hold any employee or agent of the School District Indemnitees liable for seeking medical treatment. The School District is not responsible for insuring me or my student against any injury or loss connected with the Activity.

It is my express intent that this waiver and release shall bind me, my spouse, and the members of the student's and my family, heirs, assigns, and personal representatives and shall be deemed as a release, waiver, discharge, and covenant not to sue the School District Indemnitees. I assume responsibility for specifically alerting the School District to any medication that my student would require.

If any term, covenant, condition, or provision of this waiver and release is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remainder of the provisions shall remain in full force and effect and shall in no way be affected, impaired, or invalidated. I acknowledge that this waiver and release is governed by Illinois law (without reference to its conflict of law provisions) and the parties intend that this waiver and release be interpreted as broadly and inclusively as permitted by law.

I have read and fully understand the nature of the above Waiver and Release of All Claims.

_____ _____

Signature of Parent/Legal Guardian Date