Redline 2-14-25

**LIMITED LIABILITY WAIVER**

**School's Out & School's Out Summer Fun Camps**

**Participant's Name: _____**

**Parent/Guardian Name: _____**

**Date: _____**

**PLEASE READ CAREFULLY BEFORE SIGNING**

By signing this Limited Liability Waiver (the "Waiver"), I, the undersigned parent/guardian, acknowledge and agree to the following terms and conditions on behalf of myself and the minor child(ren) named above (the "Participant").

1. **Acknowledgment of Risks**
   I understand and acknowledge that participation in the School's Out and School's Out Summer Fun Camps (the "Programs") may involve activities that include but are not limited to sports, outdoor activities, field trips, arts and crafts, and other recreational and educational events. These activities may carry inherent risks of injury, illness, or loss, including but not limited to bodily injury, allergic reaction, property damage or loss, and exposure to communicable diseases, including COVID-19.

2. **Assumption of Risk**
   I voluntarily agree to allow my child to participate in the Programs and assume all risks associated with their participation, whether known or unknown, anticipated or unanticipated, including those arising from the negligence of the Program organizers, staff, or volunteers.

3. **Waiver of Liability**
   To the fullest extent permitted by law, I hereby release, waive, discharge, and hold harmless Northern Kane Educational Corp.'s School's Out, Ltd. and Northern Kane Educational Corp. (NKEC), and each of their boards, directors, officers, employees, agents, and volunteers (the "Released Parties") from any and all claims, liabilities, demands, or causes of action arising out of or in connection with my child's participation in the Programs, including but not limited to claims of negligence, injury, or loss.

4. **Medical Authorization**
   In the event of a medical emergency involving my child, I authorize the Released Parties to seek emergency medical care on my behalf and at my expense. I understand that I am responsible for any medical costs incurred as a result of such care.

5. **Behavior and Conduct**
   I acknowledge and agree that my child is expected to follow all Program rules and regulations. I understand that failure to adhere to these rules may result in my child's removal from the Program without a refund.

6. **Photo/Video Release *(Optional)***
   ☐ I authorize ☐ I do not authorize the use of my child's photo or video for promotional or educational purposes by the Program.

7. **Severability**
   If any provision of this Waiver is found to be invalid or unenforceable, the remaining provisions shall remain in full force and effect.

8. **Governing Law**
   This Waiver shall be governed by and construed in accordance with the laws of the State of Illinois.

**Parent/Guardian Signature:** _____
**Printed Name:** _____
**Date:** _____

**Emergency Contact Information:**
Name: _____
Phone Number: _____

**Acknowledgment and Agreement**
By signing below, I confirm that I have read this Waiver in its entirety, understand its terms, and voluntarily agree to be bound by them.

**Signature:** _____
**Date:** _____

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