HHS Football

Hold Harmless Agreement

RELEASE AND WAIVER OF ANY AND ALL CLAIMS AS A RESULT OF PARTICIPATION IN ACTIVITIES OR INJURIES OR PROPERTY LOSS OR DEATH: The undersigned hereby attests and acknowledges that he/she is entering upon property owned by the Harrisburg Unit #3 School District with full knowledge of the potential risks, dangers and possibility of injury that may arise out of the activities that will take place. I/we further acknowledge that Harrisburg Unit # 3 School District, its employed staff, its volunteer staff, its administration and board may offer activities which may result in injury or loss of property. I/we agree that Harrisburg Unit # 3 School District will not be held responsible for those injuries or property loss incurred while engaged in activities and/or support offered. I/we further agree to indemnify and hold the Harrisburg Unit #3 School District, its employed staff, its volunteer staff, its administration, and its board harmless from any and all liability including claims asserted by third parties for any care rendered to the undersigned.

RELEASE AND MEDICAL AUTHORIZATION: In the event of an emergency, if the parents/guardians or emergency contacts cannot be reached, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment, and I agree to accept any and all financial responsibility for such treatment. I wish to be advised prior to treatment by the hospital or doctor, if possible.

Emergency Contacts: Athletes Name_____

Parent/Guardian Contact:_____ Relationship:_____

Home #_____ Work #_____

Cell #_____

Emergency Contact:_____

Phone #_____ Relationship:_____

Medical Information:

Family Doctor:_____

Phone #_____

My Child is Allergic To:_____

I agree to all of the above aforementioned Hold Harmless Agreements including RELEASE AND WAIVER OF ANY AND ALL CLAIMS AS A RESULT OF PARTICIPATION IN ACTIVITIES OR INJURIES OR PROPERTY LOSS OR DEATH and RELEASE AND MEDICAL AUTHORIZATION. I further agree that the aforementioned information is correct and that any changes in location, emergency contacts and/or family medical information will be supplied to Harrisburg Unit # 3 School District in a timely manner.

Signature of Parent/Guardian:_____Date_____