



# Monee Township

26121 Egyptian Trail · Monee, IL 60449 · Phone: 708-534-6020



## **WAIVER – IMPORTANT – PLEASE READ**

**MONEE TOWNSHIP/ CORETTA SCOTT KING MAGNET SCHOOL (CSK)** is committed to conducting its recreation programs and academic activities in the safest manner possible, holding the safety of participants in the highest possible regard. Participants must recognize, however, that there is an inherent risk of injury when choosing to participate in such activities, especially those that take place outside of the school environment. **MONEE TOWNSHIP/CSK** continually strives to reduce such risks and insists that all participants follow safety rules and instructions that have been designated to protect the participant’s safety.

Please recognize that **MONEE TOWNSHIP/CSK** does not carry medical accident insurance for injuries sustained in its programs. This would make program fees prohibitive. Therefore, each person registering for a program or activity should review his/her own health insurance for coverage. It must be noted that the absence of health insurance coverage does not make **MONEE TOWNSHIP/CSK** automatically responsible for payment of medical expenses.

## **WAIVER AND RELEASE OF ALL CLAIMS**

As a student/member participant in the **MONEE TOWNSHIP/CSK** Recreational Center program, I recognize and acknowledge that there is a certain risk of physical injury. I agree to assume the full risk of any injury, death, damage or loss that I may have or which may accrue to me as a result of participation in the program. I further agree to I indemnify and hold harmless and defend **MONEE TOWNSHIP/CSK** and its officers, agents, servants, and employees from any and all claims resulting from injuries, death, damages or loss sustained by me arising our of, connected with or in any way associate with the activities of the program. **IN THE EVENT OF AN EMERGENCY**, I authorize **MONEE TOWNSHIP/CSK** officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my immediate care. I also agree that I will be responsible for payment of any and all medical services rendered.

**I HAVE READ, FULLY UNDERSTAND AND AGREE TO ABIDE BY THE ABOVE PROGRAM DETAILS, WAIVER AND RELEASE OF ALL CLAIMS AND PERMISSION TO SERCURE TREATMENT.**

### **Signature of Participant(s)**

Primary Member: \_\_\_\_\_ Date: \_\_\_\_\_

Household Member (1): \_\_\_\_\_ Date: \_\_\_\_\_

Household Member (2): \_\_\_\_\_ Date: \_\_\_\_\_

Household Member (3): \_\_\_\_\_ Date: \_\_\_\_\_

