

# THE SPORT CENTER BUBBLE SOCCER WAIVER



S·c·h·a·u·m·b·u·r·g  
**PARK DISTRICT**

Party Date \_\_\_\_\_ Last Name \_\_\_\_\_

*As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injury, including death, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with such program.*

*I agree to waive and relinquish all claims I may have as a result of participating in the program against the Schaumburg Park District and its officers, agent, servant and employees.*

*I do hereby fully release and discharge the Schaumburg Park District and its officers, agent, servant and employees from any and all claims from injuries, including death, damage or loss which I may have or which may occur to me on account of my participation in the program.*

*I further agree to indemnify and hold harmless and defend the Schaumburg Park District and its officers, agent, servant and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the program.*

*I have read and fully understand the above waiver and release of all claims.*

\_\_\_\_\_  
Birthday Child's Parent/Guardian Signature

PLAYER NAME	PARENT SIGNATURE	ADDRESS	ZIP	PHONE#	DOB
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					