



PO Box 302, Elmhurst, IL 60126
www.elmhurstaccesssports.org

Waiver, Release, and Photo Consent Agreement

I, the parent/guardian of _____ hereby give my child or ward permission to participate in the various sporting activities of Access Sports, Inc. I understand there are risks involved in all sports, and that accidents and injuries are a common and ordinary occurrence in sports. In consideration for my child or ward being permitted by Access Sports to participate in its sporting activities, I, for myself and on behalf of my child or ward, hereby waive, release and discharge any and all claims, demands, actions or causes of action I and my child or ward may have on account of injury to my child or ward, or on account of property damage or death resulting from personal injuries suffered by my child or ward, caused in whole or in part by the negligence of Access Sports, Inc., its owners, organizers, volunteers, supervisors, coaches, Board of Directors, or other participants in the sporting activity in which my child or ward participates. I, for myself and on behalf of my child or ward, further agree to assume all risks and hazards incidental to the sporting activities, including transportation to and from the sporting activities, including serious injury and death, due to any negligence of Access Sports, Inc., its owners, organizers, volunteers, supervisors, coaches, Board of Directors, or other participants in the sporting activity in which my child or ward participates. I, for myself and on behalf of my child or ward, hereby promise and agree not to file a lawsuit against Access Sports, Inc., its owners, organizers, volunteers, supervisors, coaches and the Board of Directors with respect to any claim or cause of action waived or released herein.

Photo Consent (Select One)

_____ Yes, I grant permission to Access Sports to use and publish any photographs and video recordings taken of my child or ward while participating to promote Access Sports through the use of brochures, press releases, websites, newspaper articles, social media, including Facebook, and similar means of publication.

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_____ No, I do not give consent for photos or video recordings of my child or ward.

I acknowledge that I have read this agreement. I understand that it has significant legal consequences, and I sign it voluntarily for myself and on behalf of my child or ward. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect. I acknowledge that I and my child or ward will have no ownership rights to published material, and that I and child or ward will receive no financial compensation for the publication of photographs and video recordings of my child or ward.

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____