



Participant' Name _____ Age _____ Sport _____

Address: _____
street city state zip

Parent /Guardian _____ Contact Number: _____

Home Phone: _____ Email Address _____

Date Of Last Sports Physical: _____

Any physical conditions or allergies? _____

Trainer Assigned: _____ Number of Sessions: _____ Rate: _____

Payment received: \$ _____

Preferred Days : *Mon Tue Wed Thurs Fri Sat Sun* Preferred Time Slots: _____
1st choice 2nd choice 3rd choice

PARTICIPANT AGREEMENT, hereinafter the "Agreement"

I. WARNING OF RISK. As a parent/guardian of 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 injuries, including death, damages or loss which I or my minor child may sustain as a result of participating in any and all activities connected with or associated with such a program. I agree to waive and relinquish all claims I or my minor child may have as a result of participating in the program against Illinois Raptors Basketball, Mills Athletic Council and its coaches, board members, and volunteers.

II. WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK. I acknowledge and assume the risks of property damage, accidents, injuries (including death), loss of bodily functions, disabilities, medical disorders, pain and suffering, lost income and medical expenses that arise from the participation the program. In consideration of being allowed to participate in the program offered by the Mills Athletic Council (MAC), I hereby waive and discharge The MAC and its officers, officials, agents, volunteers (collectively, the "Releasees") from any and all liability and all claims of any kind whatsoever for personal injury, property damage or death, arising from participation in any activity or program offered by The MAC, whether or not caused by negligence of the Releasees or any of them and further covenant that I shall not sue any of the Releasees with respect to any such liability or claims. In the event that I or anyone else nonetheless makes a claim or files suit against Releasees arising out of the above described matters, I will indemnify and hold harmless of and from any and all damages or judgments and costs of litigation, including attorney's fees. This Agreement shall be governed under the laws of the state of Illinois.

III. Refund Policy: Absolutely No Refunds after training sessions have been scheduled! A participant may reschedule sessions out for up to one year.

Required Parent/Guardian Signature _____

By signing above I certify that I am the parent or legal guardian of the named participant and that I agree to his/her participation in the Illinois Raptors basketball program offered by The MAC. I further certify that I have read the foregoing and I am agreeing on behalf of the named participant and along with the named participant to be bound by all the terms and conditions of this Agreement as set forth above.