

**SPECIAL OLYMPICS ILLINOIS
RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY, AND
PARENTAL CONSENT AGREEMENT ("AGREEMENT")**

Team Name _____
 Division _____
 Local Affiliate _____
 Contact _____
 Address _____
 City/State/Zip _____
 Telephone _____

Team Manager _____
 Address _____
 City _____
 State/Zip _____
 Telephone _____

In consideration of participating in the **DuQuoin State Fair Indoor Softball Tournament** ("Activity") to benefit **Special Olympics Illinois**, taking place on **January 18-20, 2019** at **DuQuoin, IL**, I represent that I understand the nature of the Activity and that I and/or my minor child am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I and/or my minor child believe event conditions are unsafe, I and/or my minor child will immediately discontinue participation in the Activity.

I fully understand that the **Indoor Softball Tournament** event involve risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I and/or my minor child incur as a result of my and/or my minor child's participation in the Activity.

I hereby release, discharge, and covenant not to sue **Special Olympics, Inc., Special Olympics Illinois**, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my and/or my minor child's behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage, or cost which any may incur as the result of such claim.

I have read this RELEASE and WAIVER of LIABILITY, ASSUMPTION of RISK, and INDEMNITY AGREEMENT, and PARENTAL CONSENT AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

PSIT official Initials & date	PRINTED NAME OF PLAYER	PLAYER'S SIGNATURE (always required)	PARENT'S SIGNATURE (required if player is 17 or younger)	DATE OF BIRTH
_____ 1	_____	_____	_____	_____
_____ 2	_____	_____	_____	_____
_____ 3	_____	_____	_____	_____
_____ 4	_____	_____	_____	_____
_____ 5	_____	_____	_____	_____
_____ 6	_____	_____	_____	_____
_____ 7	_____	_____	_____	_____
_____ 8	_____	_____	_____	_____
_____ 9	_____	_____	_____	_____
_____ 10	_____	_____	_____	_____
_____ 11	_____	_____	_____	_____
_____ 12	_____	_____	_____	_____
_____ 13	_____	_____	_____	_____
_____ 14	_____	_____	_____	_____
_____ 15	_____	_____	_____	_____
_____ 16	_____	_____	_____	_____
_____ 17	_____	_____	_____	_____
_____ 18	_____	_____	_____	_____

****Must be filled out with Parent's Signature prior to the day of the tournament**

****Copy of Insurance must accompany Release and Waiver form**