

The McHenry Athletic Complex (The MAC)
Medical Emergency Release & Liability Waiver

In enrolling at the McHenry Athletic Complex, also referred to as “The MAC”, participant understands that he/she attending the programs and using The MAC and the facilities, does so at his/her own risk. The McHenry Athletic Complex and its owners, employees or agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant with his/her family in or about any programs on the premises. Participants and parents assume full responsibility for all injuries and damages which occur in or about any programs on the premises. He/she does hereby fully and forever release, discharge and hold harmless the McHenry Athletic Complex, all associated facilities and its owner(s), employees, and agents from any and all claims, demands, damages or rights of action, present and future, resulting from any person’s participation in any programs or use of the facility. In addition, he/she agree(s) to follow the rules of conduct and play set by the McHenry Athletic Complex. Failure to do so may result in suspension from participation.

Consent: I, the undersigned parent/guardian or participant, do hereby grant authority to the staff at The McHenry Athletic Complex to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence. I do hereby authorize the McHenry Athletic Complex and its assignees to use any and all photographs, pictures or other likeness of me or anyone assigned guardianship to me as they deem appropriate in its promotional materials or team films.

As the parent/guardian of the participant below, I request that in my absence, the named player be admitted to any hospital or medical facility for diagnosis and treatment. In case of injury, accident or illness, I authorize the head coach and on-site volunteer medical/first-aid staff to provide appropriate medical treatment. If an emergency transport is deemed necessary, I authorize the same to summon an ambulance to transport the player to the hospital. I request the authorized physicians, athletic trainers, technicians, first-aid personnel, nurses and dentists to perform any diagnostic treatment or operative procedures and x-rays for the named player. I have given no guarantee as to the results of examination or treatment. I accept total responsibility for any and all medical costs of the player named below.

I have read and understand the above release and grant my permission to administer medical care.

Participant’s Name _____ Date _____

Date of Birth _____ Street Address _____

City _____ State _____ Zip _____

Contact Phone#: _____ Email: _____

Parent Printed Name: _____

Parent/ Player (over 18) Signature _____

Sport/Team Name _____ Coach _____