

**PROGRAM WAIVER AND RELEASE OF ALL CLAIMS**

**McHenry County Youth Sports Association / USSSA**

**City of Crystal Lake, IL  
Crystal Lake Park District  
The Crystal Ice House**

***\*\*Please read this form carefully and be aware that in signing and participating in this program, you and your parent/guardian will be waiving and releasing all claims for injuries you might sustain arising out of this program.\*\****

“As a participant in the program I, and my parent/guardian, agree and acknowledge that there are certain risks of physical injury, and I and my parent/guardian agree to assume full risk of any injuries, including death, damages or losses which I may sustain as a result of participating in any and all activities connected with, or associated with, such program.”

“I, and my parent/guardian, agree to waive and relinquish all claims I and my parent/guardian may have as a result of participating in the program against the McHenry County Youth Sports Association, City of Crystal Lake, Crystal Lake Park District, and The Crystal Ice House and its officers, agents, servants, and employees.”

“I, and my parent/guardian, do hereby fully release and discharge the McHenry County Youth Sports Association, City of Crystal Lake, Village of Lake In The Hills, Crystal Lake Park District, and The Crystal Ice House and its officers, agents, servants, and employees from any and all claims from injuries, including death, damages or loses which I may have or which may occur to me on account of my participation in the program.”

“I, and my parent/guardian, further agree to indemnify, hold harmless and defend the McHenry County Youth Sports Association, City of Crystal Lake, Village of Lake In The Hills, Crystal Lake Park District, and The Crystal Ice House and its officers, agents, servants, and employees from any and all claims resulting injuries, including death, damages and losses sustained by and arising out of, connected with, or in any way associated with the activities of the program.”

“I, and my parent/guardian, have read and fully understand the above Program Details and Waiver and Release of All Claims Sections”.

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**Participant’s Name (Please print)**

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Participant’s Signature

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Parent/Guardian’s Signature

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Date

Form No.1