

**FOX VALLEY LUTHERAN HIGH SCHOOL AND FVL SCHOOLS' ACTIVITIES  
RELEASE FROM LIABILITY AND INDEMNIFICATION AGREEMENT**

THIS RELEASE FROM LIABILITY AND INDEMNIFICATION AGREEMENT (this "Agreement") must be read and agreed to in order to participate in \_\_\_\_\_

\_\_\_\_\_ (the "Activity") with Fox Valley Lutheran High School and/or any of the FVL Schools (hereafter collectively referred to as "FVL Schools"). This Agreement pertains to all students, coaches and volunteers participating in the Activity. Any student, coach or volunteer under the age of eighteen (18) years, must have a parent or legal guardian sign this Agreement. The term "Participant" shall refer to all students, coaches and volunteers that will be participating in the Activity.

By participating in the Activity, I agree to the following on behalf of myself and/or Participant (if I am the legal guardian or parent of Participant):

I HEREBY ACKNOWLEDGE that I have read the Policies and Procedures associated with participation in the Activity.

I HEREBY AGREE to do everything possible to ensure Participant: (i) witnesses Participant's love for the Lord by representing Him, Participant and Participant's parents (if applicable) and the FVL Schools according to proper Christian conduct; (ii) displays respect for rules, officials, coaches, teammates, and all other authority; (iii) displays Christian behavior at all practices and games; (iv) attends all practices and games as scheduled; (v) supports the FVL Schools and Activity representatives in all of their decisions; (vi) endeavors to take good care of the equipment given to Participant and agree to pay the full replacement cost of any equipment which is lost or damaged through means other than normal wear and tear; (vii) wears additional equipment including proper mouth guards or footwear (if applicable); and (viii) follows the Policies and Procedures.

I HEREBY AUTHORIZE Participant to receive medical attention in the event that Participant is injured while participating in the Activity and further authorize the contact of medical personnel in the event Participant is in need of medical attention, and understand

that the emergency contact listed on this form will be notified as soon as possible in the event of an accident, illness or some other situation involving Participant that requires medical attention.

I HEREBY RELEASE, WAIVE, AND DISCHARGE FVL Schools, and all of their agents, officers, directors, employees, assigns, volunteers and anyone acting for or on their behalf (hereinafter collectively referred to as "Released Parties"), from any and all claims, liability, losses, costs, including attorneys' fees, causes of action or liability for death, personal injury or property damage of any kind or nature whatsoever arising out of or in the course of participating in the Activity

I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS the Released Parties and each of them from any loss, liability, damage, or cost they may incur due to the participation of the Participant in the Activity, and I acknowledge that the Activity, including travel to and from the Activity, can be potentially dangerous or hazardous, and I assume full responsibility for and risk of bodily injury, death, or property damage arising out of or in the course of participating in the Activity.

I HAVE READ AND VOLUNTARILY ACCEPT THE RELEASE FROM LIABILITY AND INDEMNIFICATION AGREEMENT, AND HEREBY WAIVE THE RIGHT I HAVE TO BARGAIN FOR DIFFERENT WAIVER OF LIABILITY TERMS.

Name of Participant- Please Print

Parent or Guardian Name (if applicable) - Please Print

Date

Participant/Parent or Guardian Signature

**Emergency Contact/Medical Information**

Name of Emergency Contact Person \_\_\_\_\_  
Relationship to Participant \_\_\_\_\_  
Home Phone Number - with area code \_\_\_\_\_  
Work Phone Number - with area code \_\_\_\_\_  
Address \_\_\_\_\_  
Medical Conditions or Allergies \_\_\_\_\_  
Name of Primary Care Physician \_\_\_\_\_  
Physician's Phone Number - with area code \_\_\_\_\_  
Preferred Hospital \_\_\_\_\_

**Insurance Information**

Name of Insurance Company \_\_\_\_\_  
\_\_\_\_\_  
Policy # \_\_\_\_\_  
Name of Policy Holder \_\_\_\_\_