

**UNIVERSITY LABORATORY HIGH SCHOOL
ATHLETIC PARTICIPATION AGREEMENT**

Student: _____

Sport(s): _____

In consideration of the University of Illinois Laboratory High School permitting me to participate in the above sport or activity, I agree as follows:

1. I will abide by all conduct rules and will behave in a sportsmanlike manner.
2. I will be responsible for meeting all academic requirements.
3. I will follow the coach/sponsor's instructions, playing techniques, training schedule and safety rules for the above sport or activity.
4. I have received and read the current Illinois High School Association's brochure which summarizes rules and regulations regarding athletic eligibility. I understand that failure to comply with these rules and regulations, as well as the rules and regulations established by University Laboratory High School, will result in ineligibility.
5. I acknowledge that I am aware that participating in the above sport or activity may involve **many risks of injury**. A serious injury may result in physical impairment or even death. University Laboratory High School does not assume financial responsibility for accidents incurred in athletics. I hereby assume all the risks associated with participation and agree to hold the University of Illinois, its employees, agents, coaches, administrators, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in the above activity or sport. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

Student signature: _____ Date: _____

[To Be Completed By the Parent/Guardian]

I, _____ am the parent(s)/ guardian(s) of the above named student. I have read the above Agreement to Participate and understand its terms. I understand that all sports can involve **many risks of injury**. University Laboratory High School does not assume financial responsibility for accidents incurred in athletics. In consideration of the University of Illinois Laboratory High School permitting my child/ward to participate in the above sport or activity, I agree to hold the University of Illinois, its employees, agents, coaches, administrators, and volunteers harmless from any and all liability, actions, causes of action, debts, claims or demand of any kind and nature whatsoever which may arise by or in connection with the participation of my child/ward in the above sport or activity. I assume all responsibility and certify that my child is in good physical health and is capable of participation in the above mentioned sport/activity.

Signature of Parent(s)/Guardian(s): _____

Date: _____