

**VILLAGE OF PHILO, ILLINOIS
RECREATIONAL GYMNASIUM PARTICIPANT
RELEASE AND CONSENT TO MEDICAL TREATMENT**

_____, 20____

I recognize and acknowledge that the use of the Philo Village Recreational Gymnasium located at 112 West Madison Street, Philo, Illinois, for basketball, exercise or other recreational programs is a test of a person's physical and mental ability and involves the potential for injury, death or property loss. These risks include but are not limited to those caused by the facilities, equipment, condition of athletes' equipment, actions of other people including but not limited to participants, volunteers, spectators, coaches, and event officials, as well as lack of hydration. I hereby assume all the risk of participating in such activities. I certify that I am physically fit, have sufficiently trained for participation in any activity I elect to participate in and have not been informed otherwise by medical authorities.

One behalf of myself, my executors, administrators, heirs, next of kin, I hereby release and discharge the Village of Philo, Illinois, its officers, employees, volunteers and agents of any and all claims for personal injury and/or property damage arising from my utilization of the Philo Recreational Gymnasium, to the extent permitted by applicable law. I further agree to indemnify and hold harmless the said Village and its agents from any such claim(s).

If the participant to whom this Waiver/Release applies is less than the age of 18 years, the undersigned represents that her/she is the parent or legal guardian of such minor(s) and that he/she consents to said minor(s) use of the Philo Recreational Gymnasium and allied facilities. Further, on behalf of said minor(s), the undersigned acknowledges the risks involved in said activities by those minor(s) and certifies that said minor(s) is physically fit and has sufficiently trained for such activities and that the undersigned has not been otherwise informed by medical authorities.

Further, on behalf of said minor(s), I hereby release and discharge the Village of Philo, Illinois, its officers, employees, volunteers and agents of any and all liability arising from utilization of the Philo Recreational Gymnasium by said minor, to the extent permitted by applicable law. I further agree to indemnify and hold harmless the said Village and its agents from any such claim(s).

I further authorize Village officials to secure appropriate medical treatment for any injuries received at said facility by me or by said minor, and I further consent to medical treatment of myself, or, if applicable, to said minor, which may be deemed advisable as a result of any injury, accident and/or illness during my participation, and if applicable, during the participation of said minor, and agree to pay for such medical services.

This Release and Consent to medical treatment form shall remain in effect for all future uses of this gymnasium facility by the undersigned or, if applicable, said minor, until such time as it is revoked or withdrawn by me in writing signed by the undersigned, or until any minor attains 18 years of age, when he/she shall sign a new Release and Consent form.

Emergency Contact

Signature

Name of Any Minor(s) Included

Printed Name

Phone: _____
Address