



**EYH Lake County**  
**Expanding Your Horizons**  
**in Science and Mathematics Conference**  
**September 29, 2018**  
**Grayslake North High School**

**May be mailed to:**  
 Grayslake Central High School  
 EYH Lake County  
 Attn: Renee Zoladz  
 400 North Lake Street  
 Grayslake, IL 60030  
**OR bring to registration on the day of the conference**

**LIABILITY RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE**

Name of Child Attending	<input style="width: 250px; height: 20px;" type="text"/>
Name of Parent or Guardian	<input style="width: 250px; height: 20px;" type="text"/>
Contact Phone Number During Conference	( <input style="width: 30px;" type="text"/> ) <input style="width: 30px;" type="text"/> - <input style="width: 30px;" type="text"/>
Name of Emergency Contact Person	<input style="width: 70px; height: 20px;" type="text"/>
Emergency Contact Phone Number	( <input style="width: 30px;" type="text"/> ) <input style="width: 30px;" type="text"/> - <input style="width: 30px;" type="text"/>
Date	<input style="width: 100px; height: 20px;" type="text"/>

**This activity presents the risk of injury. This exculpatory release confirms that the participant who signs below accepts all aspects of that risk.**

1. I, the undersigned parent/guardian, hereby voluntarily expressly and affirmatively execute this agreement in return for permission for my child to participate in the EYH Lake County Expanding Your Horizons in Science and Mathematics Conference to take place on September 29, 2018. I fully understand and appreciate the dangers, hazards, and risks inherent in the activity, which dangers include but are not limited to personal injury or death as a result or accident, act of God, or physical exertion or damage to personal property.
  
2. Knowing the dangers, hazards, and risks of such activities, and in consideration of being permitted to participate in the activity, I, the undersigned, agree to assume all the risks and responsibilities surrounding participation in the activity, and in advance release, waive, forever discharge, and covenant not to sue EYh Lake County, its governing board, officers, agents, employees, and any students acting as employees (hereafter called the 'Releasees'), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature that I may have or that may hereafter accrue to me, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by me or by any property belonging to me, whether caused by the negligence or carelessness of the Releasees, or otherwise, while in, on, upon, or in transit to or from the premises where the activity, or any adjunct to the activity, occurs or is being conducted.
  
3. I understand and agree that Releasees are granted permission to authorize emergency medical treatment, if necessary. I understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency

medical treatment.

4. It is my express intent that this release and hold harmless agreement shall bind myself, the participant, the participant's family, estate, heirs, administrators, personal representatives, or assigns and shall be deemed as a 'Release, Waiver, Discharge and Covenant' not to sue the above-named Releasees. I further agree to save and hold harmless, indemnify, and defend Releasees from any claim by me or my family, arising out of participation in the EYH Lake County Conference to take place on September 29, 2018.
  
5. In signing this Release, I acknowledge and represent that I have fully informed myself of the content of the foregoing waiver of liability and hold harmless agreement by reading it before I sign it, and I understand that I sign this document as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I further state that I am at least eighteen (18) years of age and fully competent to sign this agreement; and that I execute this release for full, adequate, and complete consideration fully intending to be bound by the same. I further state that there are no health-related reasons or problems which preclude or restrict the participating minors' participation in this activity, and that I have adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of injury.
  
6. It is my express intent that this release and hold harmless agreement shall bind myself, the participant, the participant's family, estate, heirs, administrators, personal representatives, or assigns and shall be deemed as a 'Release, Waiver, Discharge and Covenant' not to sue the above-named Releasees. I further agree to save and hold harmless, indemnify, and defend Releasees from any claim by me or my family, arising out of participation in the Expanding Your Horizons Lake County in Science and Mathematics Conference to take place September 29, 2018.
  
- 7.
  
8. I further agree that this Release shall be construed in accordance with the laws of the State of Illinois. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release the validity of the remaining portions shall not be affected thereby.

I have read the above liability release statement and fully understand and accepts all aspects of that risk.



I Accept



I Decline

**Photo Permission:**

I give my consent for the Expanding Your Horizons Lake County Conference to use photos, videos, and audio or audio tape that includes my daughter for the purpose of publicizing and promoting Expanding Your Horizons. I understand that the images or voice recordings may be published in newspapers or magazines, on the World Wide Web, or be broadcast on television or radio. Names and other private information such as addresses, phone numbers, email or schools will NOT be published. If permission for pictures is not granted, your child will be assigned to a group where no pictures will be allowed and thus will not have a choice of workshops.

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I have read the above photo permission statement and accept or decline.



I Accept



I Decline

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[Submit Liability Release](#)