



# CROYA BUBBLE BALL



**Date:** Wednesday, September 21, 2022  
**Time:** 5:30 – 6:30 pm Middle School Only  
7:00 – 8:00 pm High School Only  
**Where:** West Park, Lake Forest

Free for all 7<sup>th</sup> – 12<sup>th</sup> graders but **must have 2 attached liability waivers signed by parent** to play (CROYA Waiver & Bubble Waiver).

*If student is 18 or older, liability waiver must still be signed by a parent.*

\*\*\*\* CALL CROYA @ (847) 810-3980 FOR MORE INFO. \*\*\*\*

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## PERMISSION SLIP

\_\_\_\_\_ has my permission to participate in CROYA Bubble Ball on September 21, 2022. I understand that those in charge will use every precaution for the safety of the students. However, in the case of an accident or emergency, I will not attempt to hold CROYA, the City of Lake Forest or the Village of Lake Bluff in any way responsible. **I have read and agree with the Liability Waiver on the back.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

## PARTICIPANT LIABILITY WAIVER AND HOLD HARMLESS AGREEMENT

Please read this form carefully and be aware that by registering for and participating in this program(s) or by registering your minor child/ward for participation in this program(s), you will be waiving your rights and/or the rights of your minor child/ward to all claims for injuries you or your minor child/ward might sustain arising out of this program(s) and you will be required to indemnify, hold harmless and defend CROYA, the City of Lake Forest, and the Village of Lake Bluff for any claims arising out of participation in said program(s).

For purposes of this Liability Waiver and Hold Harmless Agreement, the “program” or “programs” to which it relates include any and all activities undertaken or supervised by, or otherwise made available by or through, CROYA, the City of Lake Forest, and/or the Village of Lake Bluff, including activities involving the unsupervised use of equipment of property of CROYA, the City of Lake Forest, and/or the Village of Lake Bluff.

**RISK OF INJURY:** “As a participant in the program, or as a parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of injuries, including death, damages, or loss which I or my minor child/ward may sustain as a result of participating in any and all activities associated with this program, including transportation.”

**WAIVER OF INJURY CLAIMS:** “I agree to waive and relinquish any and all claims I or my minor child/ward may have arising out of, connected with, or in any way associated with the activities of the program, including transportation.”

**RELEASE FROM LIABILITY:** “I do hereby fully release and discharge, CROYA, the City of Lake Forest and the Village of Lake Bluff and its officers, agents and employees from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may occur on account of participation in the program, including transportation.”

**INDEMNITY AND DEFENSE:** “I further agree to indemnify, hold harmless and defend CROYA, the City of Lake Forest and/or the Village of Lake Bluff and its officers, agents, and employees from any and all claims from injuries, including death, damages and losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program, including transportation. In the event of any emergency, I authorize CROYA to secure from any licensed hospital, physician, and / or medical personnel any treatment deemed reasonable and necessary for my minor child’s/ward’s immediate care and agree that I will be responsible for payment of any and all medical services rendered.”

**COVID-19 MONITORING PERMISSION:** In consideration of myself and/or my child/ward being allowed to participate in the Activity, I grant CROYA, the City of Lake Forest, and the Village of Lake Bluff, its officials, agents, or employees full permission to do a temperature scan on myself and/or my child/ward and monitor for symptoms of COVID-19. I understand and agree that if I and/or my child/ward has a temperature, shows symptoms of COVID-19 or answers any questions in the affirmative, I and/or my child/ward shall not be allowed to participate in the Activity. I hereby agree and understand that the terms and provisions of the Participant Liability Waiver and Hold Harmless Agreement is extended to include COVID-19 exposure, infection or the monitoring of COVID-19 exposure as provided above.

The invalidity or unenforceability of any of the provisions hereof shall not affect the validity or enforceability of the remainder of this Agreement.

I have read and fully understand and agree to the above Participant Liability Waiver and Hold Harmless Agreement.

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# **KNOCKERBALL**

## *Chicago*

In consideration for being permitted by Knockerball™ to participate bubble ball soccer, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activities. This release is intended to discharge in advance Knockerball™ (its officers, employees and agents) from any and all liability arising out of or connected in any way with my participation in said activities, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that these activities involve an element of risk and danger of accidents and knowing those risks, I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activities.

I hereby additionally consent that I will participate in bubble ball soccer and I hereby execute the above AGREEMENT, WAIVER, AND RELEASE. I state that I am physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense, which they may incur as a result of the death or any injury or property damage, that I may sustain while participating in said activities.

**I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN KNOCKERBALL AND MYSELF. I SIGN IT OF MY FREE WILL. I FURTHER UNDERSTAND THAT NO MEDICAL INSURANCE IS PROVIDED.**

Parent(s) or court-appointed legal guardian(s) must sign for any participating minor (those under 18 years of age) and agree that they and the minor are subject to all the terms of this document, as set forth above.

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Participant Name (Please Print)

Event Date

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***Parent or Guardian Signature (if under 18)***

***Date***