



Village of McCook  
 McCook Athletic & Exposition Center  
 4750 Vernon Avenue, McCook, IL 60525  
 (708) 485-9900

As consideration for being allowed to enter the McCook Athletic & Exposition Center (MAX) and/or participate in any party and/or program at the MAX, the undersigned, on his or her behalf, and on the behalf of the Participant(s) identified below, acknowledges, appreciates, understands, and agrees to the following:

1. I represent that I am the parent or legal guardian of the Participant(s) named below:

Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

2. I acknowledge and understand that there are risks associated with participation in MAX activities and the use of the facility and inflatable equipment including but not limited to: contusions, fractures, scrapes, cuts, bumps, paralysis, or death.
3. I, for myself and the Participant(s) named, willingly assume the risks associated with participation and accept that there are also risks that may arise due to OTHER PARTICIPANTS, which I also willingly assume.
4. I agree that the Participant(s) named and I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditions for participation in any activity at the MAX.
5. I, for myself and the Participant(s) named, our heirs, assigns, representatives, and next of kin agree to hold harmless and indemnify the Village of McCook, MAX Operators, MAX Producers, MAX Beneficiaries, Indoor Sports Management Group, their predecessors, parent, subsidiaries and affiliates, officers, and employees from any and all injuries, liabilities, or damages from participation.
6. I additionally agree to indemnify the Village of McCook, MAX Operators, MAX Producers, MAX Beneficiaries, Indoor Sports Management Group, their predecessors, parent, subsidiaries and affiliates, officers, and employees for any defense cost or expense arising from any and all claims, injuries, liabilities, or damages arising from participation.
7. In exchange for my use of the MAX's facilities, I further consent to a pat down and/or "wand" search of my person and my personal belongings that accompany me onto the MAX's property upon entrance to the MAX or upon reasonable suspicion of illegal contraband while on the MAX's property.
8. I am of physical ability to participate and legally competent to understand and complete this agreement. I hereby execute this agreement without coercion.

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian/Participant signature: \_\_\_\_\_

Emergency Contact Number: (\_\_\_\_\_) \_\_\_\_\_ or (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_