



A department of MPS



Milwaukee Recreation
Team Milwaukee Special Olympics
2414 W. Mitchell St.
Milwaukee, WI 53204
P: 414.647.6041
mkerec.net

MILWAUKEE RECREATION PERMISSION/WAIVER/RELEASES

Each and every athlete and coach who wishes to participate in the **2024 MPS 5v5 Special Olympics Basketball Events** to be held on **Sunday, January 21ST and Saturday, February 3RD / Sunday, February 4TH, 2024 at Vincent High School** must sign the Milwaukee Recreation Permission/Waiver/Releases below. Failure to sign this form prior to the start of competition will make the athlete/coach ineligible to participate in the above listed MPS sponsored competition. The Coach and/or Agency Manager of each team must submit their collective team Permission/Waiver/Releases prior to or at the time of check-in. **Any athlete and/or coach that does not have this form signed, will not be allowed to participate.**

PERMISSION: I hereby grant permission for my child/myself to participate in the above-named Milwaukee Recreation event. In the event of any injury requiring medical attention, I hereby grant permission to the recreation staff (including volunteers) to attend to my son/daughter or myself including seeking medical attention.

WAIVER: I/we recognize that unanticipated situations and problems can arise during Recreation activities that are not reasonably within the control of the recreation staff (including volunteers). I/we therefore agree to release and hold harmless the Milwaukee Board of School Directors, its agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest, and expenses (including attorneys' fees and costs) arising from such activities, including any accident or injury to myself or my child and the costs of medical services.

PHOTO PERMISSION/RELEASE: I understand that there are times when the local news media, national news media and/or nonprofit organizations partnering with Milwaukee Public Schools (MPS) request the opportunity to videotape, take photographs and/ or interview participants within Milwaukee Recreation and MPS. By signing this, I understand that and give permission for MPS to allow this with respect to my child and/or myself. I also understand that by signing this release I give permission to MPS to make or use pictures, slides, digital images, or other reproductions of me, of my minor child or of materials owned by me or my child, and to put the finished pictures, slides, or images to use without compensation in broadcast productions, publications, on the Web, or other printed or electronic materials related to the role and function of the MPS. I understand that by signing this, I am, on behalf of myself and/or my child, releasing MPS and its directors, officers, employees and agents, from any future claims as well as from any liability arising from the use of any photograph or other images. This form shall be valid for the duration of the current Milwaukee Recreation program season.

Please list any known medical conditions or injuries below that the Milwaukee Recreation should be aware of that might hinder or endanger your or your athletes' participation (or the participation of others)? **If none, please WRITE none on the space below.**

I hereby certify that I have read and do understand the above information.

Coach/Athlete Name: _____ **Agency #:** 8-02 North Suburban

Athlete/Parent/Guardian Signature: _____ **Date:** _____

Emergency Contact Name: _____ **Phone #:** _____