



Chicago Area Alternative Education League
CAAEL
PO BOX 602
La Grange, IL 60525-0602
info@caael.org

Student Release Form

Student's School _____

Student's Name _____

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Media Release Form

For students under 18 years of age

I hereby grant to the Chicago Area Alternative Education League ("CAAEL") their successors, and their assignees the right to record the image and/or voice and use the artwork and/or written work of my child on videotape, on film, on photographs, in digital media and in any other form of electronic or print medium and to edit such recording at their discretion.

I understand that my child's full name, address and biographical information will not be made public. I further grant CAAEL, their successors, and their assignees the right to use, and to allow others to use, my child's image and/or voice on the internet, in social media, in brochures, and in any other medium and hereby consent to such use.

I hereby release CAAEL, their successors and their assignees and any use of my child's image and/or voice, artwork and/or written work pursuant to this media release form from any and all claims, damages, liabilities, costs and expenses, which I or my child now have or may have by reason of any use thereof.

I understand the provisions of the release are legally binding. Please check one:

I consent. I do not consent.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

For students over 18 years of age:

I hereby grant to Chicago Area Alternative Education League {"CAAEL") their successors, and their assignees the right to record my image and/or voice and use my artwork and/or written work on videotape, on film, on photographs, in digital media and in any other form of electronic or print medium and to edit such recording at their discretion.

I understand that my full name, address and biographical information will not be made public. I further

grant CAAEL, their successors, and their assignees the right to use, and to allow others to use, my image and/or voice on the internet, in social media, in brochures, and in any other medium and hereby consent to such use.

I hereby release CAAEL, their successors and their assignees and any use of my image and/or voice, artwork and/or written work pursuant to this media release form from any and all claims, damages, liabilities, costs and expenses, which I now have or may have by reason of any use thereof.

I understand the provisions of the release are legally binding. Please check one:

I consent. I do not consent.

Student Printed Name: _____

Student Signature: _____

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Infectious Disease Release

By signing this Assumption of Risk and Waiver of Liability, you expressly and knowingly: 1. Acknowledge the contagious nature of an infectious disease; and 2. Voluntarily assume the risk that you or your student may be exposed to or infected by an infectious disease at a CAAEL game, practice, tournament or event. You voluntarily agree to assume the risk that you or your student may be exposed to or infected by an infectious disease at a CAAEL game, practice, tournament or event, and that if infected, you or your student could spread an infectious disease to others. You accept sole responsibility for any mental distress, personal injury, illness, temporary or permanent disability, and/or death that you, your student or others with which you have personal contact may experience or incur if you become infectious disease infected as a result of you or your student's attendance at a CAAEL game, practice, tournament or event. You waive and release CAAEL and all associated officers, directors, members, managers, coaches, agents, employees, representatives, volunteers, and/or all other CAAEL participants and/or their families from all actions, damages, losses, costs, claims, liability, or expense, of any kind or nature, that you or your student suffer or incur from exposure to or infection by an infectious disease as a result of attending, arising out of, or related to, a CAAEL game, practice, tournament or event (a "Claim"). On your behalf, and on behalf of your student, you hereby release, covenant not to sue, discharge, and hold harmless CAAEL and all associated officers, directors, members, managers, coaches, agents, employees, representatives, volunteers, and/or all other CAAEL participants and/or their families from and against the Claims.

I understand the provisions of the release are legally binding.

I agree.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Student (if above 18) Printed Name: _____

Student (if above 18) Signature: _____