



MCHENRY COUNTY ESPORTS ACADEMY EVENT PERMISSION SLIP

I _____, the parent of _____ (“my child”), give permission for my child to attend **THE AMAZING MALL RACE** event.

I understand that personal injury can and may occur to my child, and I hereby authorize MC Esports staff, or another appointed youth advisor, to seek and consent to emergency medical attention for my child as needed; and I further agree to be liable for and to pay all costs incurred in connection with such medical attention.

I hereby release McHenry County Esports Academy, Power Learning Inc., its employees, agents and volunteers, from any and all liability, claims, demands, causes of action and possible causes of action whatsoever arising out of or related to any loss, damage or injury (including death) that may be sustained by my child while participating in or traveling to and from this event.

The following is all allergy and medication information necessary for my child to receive appropriate medical care:

I agree to accept full responsibility, financially or otherwise, for any damage my child may do to the property of MC Esports, properties visited on outing, other’s personal property, or vehicles used for transportation.

I agree and consent to all the above stated.

Parent Print Name

Parent Signature

Date

Emergency Contact Name and Phone Number