



High School Institute

Parental/Guardian Consent, Release, Waiver and Indemnity

I am a parent or guardian of _____
("my student") and I hereby give my permission for my student to
participate in the 14th Annual High School Institute at The Midwest Clinic
on Thursday, December 18 at McCormick Place West ("this event").
I have read the terms of the online registration for this event and have
registered my student for this event.

In consideration of the acceptance by The Midwest Clinic of the
registration of my student and my student's participation in the event on
behalf of myself, my student, and my student's other parent/guardians
(collectively, the
"Releasors"), I hereby: 1) WAIVE ANY AND ALL CLAIMS that Releasors
have, or may in the future have, against The Midwest Clinic, its officers,
directors, agents, employees, instructors, mentors, volunteers,
representatives, successors and assigns (collectively the "Releasees") and
RELEASE AND DISCHARGE THE RELEASEES from any and all liability for
any loss, damage, or injury that my student may suffer, including, but not
limited to, personal injury, death, loss of or damage to property in my
possession, resulting from my student's participation in this event or
presence at this event, due to any cause whatsoever, including
negligence, breach of contract or breach of any statutory or other duty of
care on the part of Releasees; and 2) agree to INDEMNIFY AND HOLD
HARMLESS THE RELEASEES from any and all claims and demands which
may be made against the Releasees and any and all loss, liability, damage
or costs the Releasees may incur, arising out of or in consequence of my
student's presence at or participation in this event. The Releasors agree
that the foregoing waivers, releases, indemnification and hold harmless is
intended to be as broad and inclusive as is permitted by applicable law
and that if any portion is held invalid, the balance shall, notwithstanding,
continue in full legal force and effect.

The Releasors hereby irrevocably grant to The Midwest Clinic, its agents, licensees, successors and assigns, the right to use in any and all media and in any and all forms my student's name, likeness, photographic prints and any reproduction of my students sounds, performance or appearance while attending this event, for any purpose including promotion, advertising or otherwise. With the use of the rights, the Releasors hereby release The Midwest Clinic and its agents, licensees, successors and assigns from all claims, liabilities and/or damages which now or in the future may arise from such use.

In case of emergency, the Releasors hereby give our consent for a physician to perform any medical or surgical procedures s/he deems necessary to the welfare of my student. Further, this authorization permits said physician to hospitalize, secure appropriate consultation, order injections, anesthesia (local, general or both) or surgery for my student if such emergency conditions warrant. The undersigned does hereby assume and agree to pay any indebtedness or physician's or surgeon's fees and hospital charges for such service.

Parent/Guardian Signature:

Printed Name of Parent/Guardian:

Date: _____

Please email to this form to info@midwestclinic.org or fax to 630-891-3985.

Deadline is December 18, 2025