



Waiver and Assumption of Risk

I hereby fully waive and release the "Releasee" Forest Preserve District of DuPage County, from any and all claims for personal injury, monetary loss, property damage, or death that may result from my participation. I hereby voluntarily, at my own risk, agree to this Waiver and Assumption of Risk in sole consideration of being permitted to use the Forest Preserve District of DuPage County facilities/property or services offered.

I hereby acknowledge and understand that there are dangers and risks associated with the activities. I hereby agree to abide by all rules, instructions, policies and procedures imposed by the Releasee relating to the use of the facilities or property.

Agreement to this Waiver and Assumption of Risk, I fully assume the dangers and risks, and agree to use my best judgment while engaging in those activities. I further agree to indemnify and hold harmless the Releasee, its employees, agents, officers, from and against any and all liability incurred as a result of or in any manner related to my participation in the activities or services offered

I shall defend, hold harmless and indemnify the District, its elected officials, officers, employees, agents and other volunteers, from and against all damages, claims, liabilities, causes of action, judgments, settlements, costs and expenses (including, but not limited to, reasonable expert witness and attorney fees) that may at any time arise or be claimed by any person, including minors who in my charge, or my responsibility, and who would be represented by a parent, next friend or guardian including myself, as a result of bodily injury, death or property damage, or as a result of any other claim or cause of action of any nature whatsoever, arising from or in any manner connected with, directly or indirectly, my negligent or intentional acts or omissions in my participation in the programs held at The Forest Preserve District of DuPage County.

I hereby certify that I am competent to execute this Waiver and Assumption of Risk, that in doing so of my own free will and accord, voluntarily and without duress, and that I do so intending to bind myself, my executor, my heirs, and administrators or assigns to the fullest extent.

If you are completing this waiver relative to obtaining a canine permit from the Forest Preserve District of DuPage County, you are confirming your canine is in compliance with applicable state and county laws regarding vaccines.

If you are completing this waiver relative to participating in an equine activity please be aware that under the Equine Activity Liability Act, each participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility for injury, loss, or damage to person or property resulting from the risk of equine activities.

I have read and understood the foregoing, and acknowledge my consent to the terms of this Waiver & Assumption of Risk by this Waiver.

Program Name _____

Location _____

Date _____

Participant's Printed Name _____

Participant's Signature _____

Address, City, State, Zip Code _____

Telephone _____

Emergency Telephone _____

Signature of Parent or Legal Guardian **required if participant is under 18** _____

Printed Name of Parent or Legal Guardian _____