



WAIVER & RELEASE OF ALL CLAIMS FOR VOLUNTEER ACTIVITIES



Volunteers and parents of volunteers agreeing to participation in volunteer activities must recognize and appreciate that there are always inherent risks of injury associated with any volunteer activities. Such risks will vary depending upon the nature of the particular volunteer activity and the physical condition of the volunteer.

Please recognize that the Skokie Park District and The Talking Farm do not carry medical/accident insurance for injuries sustained in its volunteer programs. It should be further recognized that the absence of medical/accident insurance does not make the Skokie Park District or The Talking Farm responsible for the payment or reimbursement of medical expenses. Therefore, each person participating in volunteer activities, and/or their parents, does so at their own risk and is solely responsible for any injuries or medical costs incurred as a result of volunteer activities..

WAIVER & RELEASE OF ALL CLAIMS

Please read this form carefully and be aware that agreeing to the participation in volunteer activities of either yourself or a family member, you will be waiving and releasing any and all claims for damages or injuries that you or your minor child/ward might sustain arising out of or in connection with the volunteer activities.

As a participant or parent/guardian of the participant in the volunteer activities, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, damages, or loss which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with the volunteer activities.

I agree to waive and relinquish any and all claims I or my minor child/ward may have against the Skokie Park District, the Talking Farm and their officers, officials, volunteers, agents and employees as a result of and in connection with participating in the volunteer activities.

I do hereby fully release and discharge the Skokie Park District, The Talking Farm and their officers, officials, volunteers, agents and employees from any and all claims from injuries, damage, or loss which I or my minor child/ward may have or which may assure to me or my minor child/ward on account of participation in the volunteer activities.

I further agree to indemnify, hold harmless, and defend the Skokie Park District, The Talking Farm and their officers, officials, volunteers, agents and employees from any and all claims resulting from injuries, damages, and losses sustained by me or my minor child/ward, or arising out of, connected with, or in any way associated with the activities of the volunteer activities.

In the event of any emergency, I authorize the Skokie Park District and/or The Talking Farm to secure from any licensed hospital, physician, or medical personnel any treatment deemed necessary for me or my child's/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

UNDERSTANDING OF AGREEMENT: I hereby certify that I have read and understand the contents of this document and agree to be bound by its terms.

Dated this _____ day of _____, 20__.

Name (print) _____ Signature _____

Parent/Legal Guardian's Signature (if volunteer is under 18)
