

CITY OF ROLLING MEADOWS PUBLIC WORKS DEPARTMENT

Participant Liability Waiver and Hold Harmless Agreement

Please read this form carefully and be aware that by registering for and participating in this program, or by registering your minor child/ward for participation in this program, you will be waiving your rights *and/or* the rights of your minor child/ward to all claims for injuries you or your minor child/ward might sustain arising out of this program and you will be required to indemnify, hold harmless and defend The City of Rolling Meadows for any claims arising out of participation in _____

[Name of program]

PROGRAM DETAILS: _____

Risk of Injury: "As a participant in the program, or as a parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge that there are certain risks of physical injury. I agree to assume the full risk of injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities associated with this program."

Waiver of Injury Claims: "I agree to waive and relinquish any and all claims I may have arising out of, connected with, or in any way associated with the activities of the program."

Release from Liability: "I do hereby fully release and discharge the City of Rolling Meadows and its officers, agents and employees from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may occur on account of participation in the program."

Indemnity and Defense: "I further agree to indemnify, hold harmless and defend the City of Rolling Meadows and its officers, agents, and employees from any and all claims from injuries, including death, damages and losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program."

In the event of any emergency, I authorize the public entity to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed reasonable and necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand and agree to the above stated conditions of participation in the

[name of program]

Print Name of Participant

Print Name of Parent or Legal Guardian
Of Participant Under 18 Years of Age

Participants Signature

Parent or Guardian Signature

Date

Date