



Liability Waiver

Medical Concerns:

Please note any diet limitations, allergies, special medications, or additional conditions which may affect participation.

Child's Name: _____ Age: _____

Comments: _____

Waiver:

Please read this form carefully and be aware that by registering for and participating in this program(s), or by registering your minor child/ward for participation in this program(s), 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(s) and you will be required to indemnify, hold harmless, and defend Elawa Farm Foundation and the City of Lake Forest for any claims arising out of participation in said program(s).

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, and 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, including transportation and approved vehicle operation when provided." 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, including transportation and approved vehicle operation when provided." Release from Liability: "I do hereby fully release and discharge the Elawa Farm Foundation and its officers, agents, and employees, along with the City of Lake Forest 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, including transportation and approved vehicle operation when provided." Indemnity and Defense: "I further agree to indemnify, hold harmless and defend the Elawa Farm Foundation and its officer, agents, and employees along with the City of Lake Forest 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, including transportation and approved vehicle operation when provided." In the event of any emergency, I authorize the Elawa Farm Foundation 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.

Emergency Contact info: _____

Name/relationship: _____

I have read and fully understand and agree to the above Participant Liability Waiver and Hold Harmless Agreement.

Acknowledged and agreed to this

_____ Day of _____, 20__

Authorized Signature _____ Participant/Parent/Legal Guardian

Name, printed _____