



LAKE COUNTY FOREST PRESERVES  
www.LCFPD.org

Preservation, Restoration, Education and Recreation

## Waiver & Release

NAME OF PARTICIPANT(S)

PROGRAM NAME & DATE(S)

*Please read this form carefully and be aware in registering yourself or your minor child/ward for participation in the program or programs listed above you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising from that program.*

*Please bring this completed form with you on the day of the program. Please complete one form per participant.*

### Important Information

The Lake County Forest Preserve District is committed to conducting its programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents registering their children in programs and activities must recognize, however, that there is an inherent risk of injury when choosing to participate. The Lake County Forest Preserve District strives to reduce such risks and insists that all participants follow safety rules and instructions which have been designed to protect the participant's safety.

Please recognize that the Lake County Forest Preserve District does not carry medical accident insurance for injuries sustained in its programs and activities. The cost of such medical expense would make program fees prohibitive. Therefore, each person registering themselves or a family member for a program or activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the Lake County Forest Preserve District automatically responsible for the payment of medical expenses. Your cooperation is greatly appreciated.

### Release of Liability & Permission to Secure Treatment

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any injuries, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s).

I agree to waive and relinquish all claims I or my minor child/ward may have against the Lake County Forest Preserve District and its officers, agents, volunteers and employees as a result of participation in the program.

I do hereby fully release and discharge the Lake County Forest Preserve District and its officers, agents, volunteers and employees from any and all claims from injury, damage or loss with the activities of the program(s).

I further agree to indemnify and hold harmless and defend the Lake County Forest Preserve District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages, and losses sustained by me or my minor child arising out of, connected with, or in any way associated with the activities of the program(s).

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

### Photography Release

I give permission for my child's picture to be used in advertisements for the Lake County Forest Preserves.

**I have read and fully understand the above Release of Liability and Permission to Secure Treatment and Photography Release.**

SIGNATURE OF PARTICIPANT (or Parent / Guardian if under 18)

PRINTED NAME

DATE



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## Emergency Contact & Health Form

NAME OF PARTICIPANT

PROGRAM NAME & DATE(S)

Address

City

State

ZIP

\_\_\_\_\_  
Birthdate (Month / day / year)

### Emergency Contact Information

Please do not list others participating in the same program as primary or backup emergency contacts. Be sure and list phone number where the person can be reached **during the program** (usually daytime phone or cell).

EMERGENCY CONTACT:

Relationship:

Phone:

ALTERNATE  
EMERGENCY CONTACT:

Relationship:

Phone:

### Swimming Ability [For canoe / kayak programs only]

Can you swim? Y / N

If YES, please honestly rate your skills as a swimmer: BEGINNER / INTERMEDIATE / ADVANCED

### Medical Information

SPECIAL NEEDS. Are there any physical or medical conditions that will in any way limit your participation in this program? Y / N  
If yes, please attach a separate sheet describing, including any special accommodations necessary. *Please note that it is your responsibility to supply any necessary medical equipment which relates to a specific medical condition.*

### Permission to Secure Treatment

In the event of any emergency, I authorize the Lake County Forest Preserve District to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I understand that this authorization includes transporting me or my minor child/ward by ambulance if necessary to the nearest medical treatment facility or hospital if I am unable to be reached first.

SIGNATURE (PARENT OR GUARDIAN if under 18)

DATE

PRINTED NAME

Please complete one form per participant. **Bring your completed form with you on the date of the program.**