

**WAIVER AND RELEASE OF ALL CLAIMS**

Please read this form carefully and be aware that in your participation in voluntary, recreational programs and activities (“Programs/Activities”) at or through Carol Stream Public Library (“Library”) you are agreeing that your participation in these Programs/Activities is voluntary and that you will be waiving and releasing all claims for injuries you might sustain arising out of these Programs/Activities.

As a participant in the Programs/Activities, I recognize and acknowledge that there are certain risk of physical injury and I agree to assume the full risk of any injuries (including death), damages or loss which I may sustain as a result of participation in any and all actions connected with or associated with such Programs/Activities.

I agree to waive and relinquish all claims I may have as a result of participating in the Programs/Activities against the Library and/or its officers, agents, servants and employees.

I do hereby fully release and discharge the Library and/or its officers, agents, servants, and employees from any and all injuries (including death), damages or loss which I may have or which may accrue to me and my executors, heirs and assigns on account of my participation in the Programs/Activities.

I further agree to indemnify and hold harmless and defend the Library and/or its officers, agents, servants, and employees from any and all injuries (including death), damages and losses sustained by me or arising out of, connected with, or in any way associated with my participation in the actions of the Programs/Activities.

If I am a Library employee, I understand that my participation in these Programs/Activities is voluntary and recreational on my part, and not part of my employment; therefore my participation or attendance is not covered by the Illinois Workers’ Compensation Act (“Act”) pursuant to Section 11 of the Act.

**I HAVE READ AND FULLY UNDERSTAND THE ABOVE PROGRAMS/ACTIVITIES’ DETAILS, WAIVER AND RELEASE OF ALL CLAIMS, AND ACKNOWLEDGMENT OF VOLUNTARY PARTICIPATION.**

Participant’s Name: \_\_\_\_\_

Participant’s Signature: \_\_\_\_\_

Parent/Legal Guardian’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_