

Elawa Farm

Volunteer Liability Waiver and Hold Harmless Agreement

Please read this form carefully and be aware that by volunteering for and participating in this project, or by volunteering your minor child/ward for participation in this project, 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 project and you will be required to indemnify, hold harmless and defend The City of Lake Forest and The Elawa Farm Foundation for any claims arising out of participating in _____.

DESCRIPTION OF VOLUNTEER PROJECT:

Date(s) of Volunteer Project:

Risk of Injury: "As a participant in the project, 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 project."

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 project."

Release from Liability: "I do hereby fully release and discharge The City of Lake Forest and Elawa Farm Foundation and their officers, agents and employees from any and all claims from injuries, including death, damages, or losses sustained by me or my minor child/ward arising out of, connected with or in any way associated with this project."

Indemnity and Defense: "I further agree to indemnify, hold harmless and defend The City of Lake Forest, Elawa Farm Foundation and their officers, agents and employees from any and all claims from injuries, including death, and losses sustained by me or my minor child/ward arising out of, connected with or in any way associated with this project."

In the event of an 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 above described activities.

Print Name of Participant

Print Name of Parent or Legal Guardian of
Participant Under 18 years of Age &

Participant's Signature

Signature

Date

Date

Address

Phone

Email _____

Email _____

Phone: _____

Emergency Contact Information:

Name _____ Relationship _____ Phone _____