

NEDSRA HIGH-RISK PROGRAM WAIVER FORM

Participant Name: _____

The Northeast DuPage Special Recreation Association (NEDSRA) is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. NEDSRA continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for programs must recognize that there is an inherent risk of injury when choosing to participate in recreational activities.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered any illness, injury or impairment, to consult a physician before undertaking any physical activity. NEDSRA carries no accident coverage on participants and the cost of medical attention and/or hospitalization will be the sole responsibility of the individual in question and/or their parent or guardian.

WARNING OF RISK

Program:

High-risk Activity:

High-risk activities engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advise, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activities. Not all hazards and dangers can be foreseen. Participants must understand that certain risks, dangers and injuries due to acts of God, inclement weather, equipment failure, failure in supervision, premise defects and all other circumstances inherent to recreational activities exist. Participation in **this activity** presents this risk of physical injury, including bruises, scrapes, broken bones, or sprains' resulting from falls, slips, or trips from obstacles. In this regard, it must be recognized that it is impossible for NEDSRA to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this high-risk program, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program (including transportation services, when provided). When registering by fax, it is mutually understood that the facsimile registration document (including the waiver and release of all claims) shall substitute for and have the same legal effect as the original form.

I recognize and acknowledge that there are certain risks of physical injury to participants in this program, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims my minor child/ward or I may have (or accrue to my child/ward or me) as a result of participating in this program against NEDSRA, including its officials, agents, volunteers and employees (hereinafter collectively referred as "NEDSRA").

I do hereby fully release and forever discharge NEDSRA from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program. I agree to the administration of medication by NEDSRA agents as prescribed by a physician and/or non-prescription medications as may be deemed prudent to safeguard the health and well-being of the participant, if it is necessary during the program. I understand that, unless specifically stated in writing at the time of registration, photographs of participants may be taken. I understand that no personal information, other than name and hometowns will be released to the public under any circumstances and this meets with my approval.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering a minor participant, I further attest that I have read the above to my minor child/ward.

PLEASE PRINT

Participant's Name _____

Participant's Signature _____

(if 18 years or older)

or

Parent's/Guardian's Signature _____

Date _____

PARTICIPATION WILL BE DENIED, if the High-Risk Waiver Form with the signature of adult participant or parent/guardian and date are not on this waiver and returned prior to the start of the program.