

FRIENDSHIP VILLAGE SCHAMBURG

WAIVER AND RELEASE OF ALL CLAIMS FOR PROGRAM PARTICIPANTS

I, _____ (please print) am volunteering to work in the Woodland areas (“volunteer activity”) on the campus of Friendship Village Schaumburg.

Before participating in this volunteer activity, I have read the following and I am aware of the following potential risk associated with the practice of hiking and outdoor activities.

I recognize that my participation in this volunteer activity may expose me to bodily injury or even death caused by or resulting from, directly or indirectly, falls, animal or insect bites, motor vehicle accidents, exposure to toxic plant or wild life, physical exertion, falling objects, including but not limited to, trees and tree branches, forces of nature, including wind, storms, and lightening, drowning, and hypothermia. I hereby agree to assume these risks regardless of fault.

Release of Liability, Waiver of Claims and Indemnity Agreement

I have read this form carefully and am aware that by signing this form and participating in the tour(s), I am **Waiving and Releasing** all claims arising out of my participation.

In consideration for being permitted to participate in this volunteer activity, I hereby agree, acknowledge and appreciate that:

1. I hereby fully release and hold harmless Friendship Senior Option and Friendship Village of Schaumburg, and their officers, directors, agents, servants, and employees, as well as the volunteers organizing or conducting the Woodland, from any and all claims, demands, actions or causes of action, lawsuits, liabilities, damages, or injuries, arising out of or resulting from my participation in this volunteer activity.

2. By entering into the Agreement, I am not relying on any oral or written representation or statements made by the Releasees, other than what is set forth in this Agreement. This release shall be binding to the fullest extent permitted by law. If any provision of this release is found to be unenforceable, the remaining terms shall be enforceable.

Declaration of Fitness Agreement

Furthermore, I hereby declare that I am physically fit and that I have no physical or mental condition(s) that should preclude me from participating in my chosen activity, that I am not participating against medical advice or treatment and that I have not been diagnosed by a registered doctor as having a terminal illness. I further declare that in the event that I feel ill or unwell, have any physical complaints whatsoever or if any injury is sustained of any kind during the course of this volunteer activity, I will notify the leader immediately and before moving away from the immediate vicinity.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, AND I FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP LEGAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT

Signature of Adult Participant (Please Print) Name of Adult Participant Date

FOR PARTICIPANTS OF MINORITY AGE: This is to certify that I, as Parent, Guardian or Temporary Guardian with legal responsibility for this participant, do consent and agree not only to his/her release of all Releasees, but also to release and indemnify the Releasees from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

Signature of Parent or adult legal (print) Name of Parent or Adult Legal Guardian Date

Name of Minor (Print)