



## Participant Waiver – Greater Maywood Paddling Program All Paddlers Must Wear Life-Jackets At All Times!!

**Statement of Risks:** There are significant elements of risk in any activity associated with watersports, the outdoors, the presence of motorized watercraft, and related activities. Although reasonable steps will be taken to provide participants with appropriate equipment, instruction, and skilled supervision, **THE ACTIVITY IS NOT WITHOUT RISK.** We do not want to frighten you or reduce your enthusiasm for the activity. We think it is important for you to be informed of the inherent risks.

**Acknowledgement of Inherent Risks:** I acknowledge that the following describes some, but not all, of the inherent risks of participating in the activity: 1) Changing water flow, currents, wave action and wakes from other boats; 2) Collision with any of the following: other participants, the interior of the watercraft in which participants are riding, other watercraft and man-made or natural objects; 3) Inclement weather, lightning, extremes of temperature and water temperature; 4) My own sense of balance, physical coordination, ability to operate equipment, swim and/or follow directions; 5) Collision, capsizing, sinking or other hazard which results in wetness, injury, exposure to the elements, hypothermia, and/or drowning; 6) The presence of insects and animals; 7) Supervisor or participant error; 8) Fatigue, chill and/or dizziness, which may diminish reaction time and increase the risk of an accident; 9) Water quality and its potential impact on health.

**EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY:** I agree to assume responsibility for the inherent risks of the activity including inherent risks not specifically identified. My participation in the activity is purely voluntary. I verify that I am sufficiently physically fit and capable to participate in the activity. I assume full responsibility for any bodily injury accident, illness, death, loss of personal property and expenses thereof resulting from inherent risks as I participate in the activity.

I elect to participate in the activity in spite of the risks. I agree to wear a Coast Guard approved personal flotation device (life jacket) while participating in the activity.

**PHOTO RELEASE** – I hereby grant and convey to the Forest Preserves of Cook County (FPCC) all rights, title and interest in any and all photographic images and video or audio recordings made by or on behalf of FPCC during the FPCC event, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings. I further agree that FPCC may photograph and/or videotape my child while I am engaged in activities at FPCC and that FPCC retains the rights to use these visual images and recordings in any manner without compensation to or prior authorization by me.

**RELEASE:** In consideration of services and/or property received, I agree that: **Forest Preserve District of Cook County**, its principals, agents, employees and volunteers **SHALL HAVE NO LIABILITY FOR HARM TO MY CHILD** resulting from the inherent risks of the activity.

**I HAVE READ THE ACKNOWLEDGMENT OF RISKS, ASSUMPTION OF RISK AND RESPONSIBILITY, AND RELEASE OF LIABILITY. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I AM EXPRESSING MY INTENT TO WAIVE VALUABLE LEGAL RIGHTS I MAY HAVE OR NOW HAVE AGAINST THE FOREST PRESERVE DISTRICT OF COOK COUNTY OR ITS EMPLOYEES, AGENTS, SERVANTS, VOLUNTERS OR ASSIGNS.**

### Forest Preserve District of Cook County – Participant Waiver

Participant’s Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ E-mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Scheduled Trip on: \_\_\_\_\_

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

Organization Name: \_\_\_\_\_

Organization E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_