



**WAIVER AND RELEASE OF ALL CLAIMS AND INDEMNIFICATION**

Please read this form carefully and be aware that 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 in connection with not leaving your child's **epinephrine auto-injector** at the program for which your child is enrolled.

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 not leaving my child's epinephrine auto-injector at the program. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) against the Centerville-Washington Park District including its officials, agents, volunteers and employees, as a result of or arising out of not leaving my child's epinephrine auto-injector at the program except for claims arising out of the willful and wanton conduct of the Centerville-Washington Park District.

I further agree to protect, indemnify, save, defend and hold harmless the Centerville-Washington Park District from and against any and all liabilities, obligations, claims, damages, penalties, causes of action, costs and expenses (including reasonable attorney fees) for which the Centerville-Washington Park District may become obligated by reason of my decision not to leave my child's epinephrine auto-injector at the program except to the extent caused by the willful and wanton conduct of the Centerville-Washington Park District.

I have read and fully understand the above waiver and release of all claims and indemnification.

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Signature (parent or guardian if under age 18)

Date

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Participant's Name

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Parent or Guardian

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Street

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City, Zip

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Event/Program