



## **VOLUNTEER WAIVER, RELEASE, HOLD HARMLESS AND INDEMNIFICATION AGREEMENT**

I have agreed to serve as a volunteer for the Forest Preserve District of DuPage County ("District"), and I recognize that my volunteer participation is a privilege afforded by me by the District. I fully understand, appreciate and assume all of the risks associated with my volunteer duties. In exchange for my participation, I hereby agree to the following:

- a) I voluntarily waive, release, and hold harmless the Forest Preserve District of DuPage County, its elected officials, officers, employees, agents, and other volunteers, from any and all claims, causes of action and damages for bodily injury or death that I may suffer as a result of, or in any manner connected with, directly or indirectly, my participation as a Forest Preserve District of DuPage County volunteer. I understand that this waiver and release precludes my right to recovery of damages in the event I am injured in the course of my volunteer duties.
  
- b) I shall defend, hold harmless and indemnify the Forest Preserve District of DuPage County, its elected officials, officers, employees, agents and other volunteers, from and against all damages, claims, liabilities, causes of action, judgments, settlements, costs and expenses (including, but not limited to, reasonable expert witness and attorney fees) that may at any time arise or be claimed by any person as a result of bodily injury, death or property damage, or as a result of any other claim or cause of action of any nature whatsoever, arising from or in any manner connected with, directly or indirectly, my negligent or intentional acts or omissions in performing my volunteer duties.

I have read, fully understand and agree to the assumption of risk, release, hold harmless and indemnification terms set forth above.

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

Telephone #: \_\_\_\_\_

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
Age (only if under 18 yrs. of age)

\_\_\_\_\_  
(Emergency Telephone #)

**NOTE:** If the participant is under 18 years of age, a parent or legal guardian must sign this agreement on behalf of the participant.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Printed Name