



**WAIVER AND RELEASE OF ALL CLAIMS FOR VOLUNTEER PROGRAM  
"INDEPENDENCE DAY EVENT"**

I, \_\_\_\_\_, am participating in the following Volunteer Program(s):  
**Independence Day Event.**

I have read this form carefully, and am aware that by signing this form and participating in the **Independence Day Event** listed above (hereinafter referred to as the "**Program**"), I am WAIVING and RELEASING all claims arising out of such participation. In consideration of the City of Warrenville (the "**City**") accepting me as a volunteer participant in the Program, I hereby agree as follows:

Acknowledgement and Assumption of Risk of Injury and Loss

I have fully informed myself of all of the details of the Program and have received satisfactory answers to all questions I have concerning the Program and the risks inherent in the Program and believe and represent that I have the necessary abilities, skills and knowledge to participate in the Program. I recognize and acknowledge that the Program involves risks of bodily injury, death, and property loss. I hereby agree to, and do, assume the full risk of any injuries, including death, and of any property loss, and of all expenses, costs, damages and losses that I, or the person on whose behalf I am signing, may sustain as a result of participating in any and all activities connected with or associated with the Program.

Waiver of and Release of Claims

I hereby agree to, and do, waive, release and relinquish all claims, demands, rights of action, damages, liabilities and controversies of every kind, known and unknown, present and future, that I, or the person on whose behalf I am signing, may have against the City and its officers, agents, servants, employees, insurers, related or affiliated individuals or entities, successors and assigns arising out of, connected with, or in any way related to the Program or my participation therein.

Indemnity and Defense

I hereby further agree to indemnify and hold harmless and defend the City and its officers, agents, servants, employees, insurers, related or affiliated individuals or entities, successors and assigns from any and all claims, lawsuits, demands, damages, liabilities, losses and expenses, including attorneys' fees and administrative expenses, of every kind, known and unknown, present and future, arising out of, connected with, or in any way related to my participation in the Program.

I have read and fully understand the above WAIVER AND RELEASE OF ALL CLAIMS and execute it of my own free will and without any reservation whatsoever.

\_\_\_\_\_  
Print Name of Participant

\_\_\_\_\_  
Signature of Participant or Guardian

\_\_\_\_\_  
If Guardian State Relationship  
to Participant

\_\_\_\_\_  
Date