## **Liability Waiver**

Medical Concerns:	
Please note any diet limitations, allergies, special medications, o	or additional conditions which may affect participation.
Name:	
Comments:	
Waiver:	
Please read this form carefully and be aware that by registering for and participating in this program(s), or by registering your minor child/ward for participation in this program(s), you will be waiving your rights and/or the rights of your minor child/ward to all claims for injuries you or your minor child/ward might sustain arising out of this program(s) and you will be required to indemnify, hold harmless, and defend Elawa Farm Foundation and the City of Lake Forest for any claims arising out of participation in said program(s).	
Risk of Injury: "As a participant in the program, or as a parent or recognize and acknowledge that there are certain risks of physicincluding death, damages, or loss which I may sustain as a result this program, including transportation and approved vehicle opto waive and relinquish any and all claims I may have arising our activities of the program, including transportation and approved Liability: "I do hereby fully release and discharge the Elawa Farralong with the City of Lake Forest and its officers, agents, and edeath, damage or loss which I or my minor child/ward may have program, including transportation and approved vehicle operate agree to indemnify, hold harmless and defend the Elawa Farm with the City of Lake Forest and its officers, agents, and employ death, damages and losses sustained by me or my minor child/wassociated with the activities of the program, including transport In the event of any emergency, I authorize the Elawa Farm Four and / or medical personnel any treatment deemed reasonable agree that I will be responsible for payment of any and all medical personnel any treatment of any	cal injury, and I agree to assume the full risk of injuries, to of participating in any and all activities associated with eration when provided." Waiver of Injury Claims: "I agree to, connected with, or in any way associated with the divehicle operation when provided." Release from an Foundation and its officers, agents, and employees, imployees from any and all claims from injuries, including eror which may occur on account of participation in the ion when provided." Indemnity and Defense: "I further foundation and its officer, agents, and employees along ees from any and all claims from injuries, including ward and arising out of, connected with, or in any way retation and approved vehicle operation when provided." Indetention to secure from any licensed hospital, physician, and necessary for my minor child's immediate care and
Emergency Contact info:	
Name/relationship	phone
I have read and fully understand and agree to the above Partic	cipant Liability Waiver and Hold Harmless Agreement.
Acknowledged and agreed to this	
, 2016	
Authorized Signature	