

WAIVER AND RELEASE OF ALL CLAIMS FOR RECREATIONAL ACTIVITY

I, _____, am participating in this following Recreational Activity(s):
City of Des Plaines Youth Commission **Bowling Event** located at River Rand Bowl, 191 S Des Plaines River Rd, Des Plaines, IL 60016, on Monday, September 9, 2024, 4:00 p.m.-6:30 p.m.

I have read this form carefully, and am aware that by signing this form and participating in the Recreational Activity or Activities listed above (hereinafter referred to as (the "**Activity**")), I am WAIVING and RELEASING all claims arising out of such participation. In consideration of the City of Des Plaines (the "**City**") allowing me to participate in the Activity, I hereby agree as follows:

Acknowledgement and Assumption of Risk of Injury and Loss

I represent that I have the necessary abilities, skills and knowledge to participate in the Activity. I recognize and acknowledge that the Activity 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 Activity.

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 Activity 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 Activity.

Medical Treatment

In the event of any emergency, the City shall have the right, but not the obligation, to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed reasonable and necessary for my immediate care. I acknowledge that I will be responsible for payment of any and all such treatment rendered.

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

Date

Signature of Participant or Guardian

If Guardian State Relationship
to Participant