

**RIVER BEND CUSD #2  
1110 3<sup>RD</sup> STREET  
FULTON, IL 61252**

**WAIVER AND RELEASE OF ALL CLAIMS  
(PARTICIPANT NOT AN EMPLOYEE OF SCHOOL OR SCHOOL DISTRICT)**

**ACKNOWLEDGMENT OF VOLUNTARY PARTICIPATION**

As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries (including death), damages or loss which I may sustain as a result of participation in any and all activities connected with or associated with such program, including, but not limited to, arrival at and departure from school property.

I agree to waive and relinquish all claims I may have as a result of participating in the program and being present on school property for said program against the school or the school district and any of its officer, agents, servants, and employees.

I do hereby fully release and discharge the school or the school district and any of its officers, agents, servants, and employees from any and all injuries (including death), damage or loss which I may have or which may accrue to me and my executors, heirs and assigns, on account of my participation in the program and presence for said program on school property.

I further agree to indemnify and hold harmless and defend the school or the school district and any of its officers, agents, servants, and employees from any and all injuries (including death), damages and losses sustained by me or arising out of, connected with, or in any way associated with my participation in the activities of the program and presence for said program on school property.

**I HAVE READ AND FULLY UNDERSTAND THE ABOVE PROGRAM DETAILS,  
WAIVER AND RELEASE OF ALL CLAIMS**

Participant's Name: \_\_\_\_\_

Participant's Signature (At least 18 years of age): \_\_\_\_\_

Parent's Signature required if participant is less than 18 years of age

Parent's Signature: \_\_\_\_\_

Event Coordinator Signature: \_\_\_\_\_

Date of event: \_\_\_\_\_