

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

**WAIVER AND RELEASE OF ALL CLAIMS  
(PARTICIPANTS NOT EMPLOYEES OF THE SCHOOL OR SCHOOL DISTRICT  
AND ACCEPTANCE OF RESPONSIBILITY BY PERSON IN CHARGE)**

**ACKNOWLEDGMENT OF VOLUNTARY PARTICIPATION**

As a participant and the person in charge of this 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 any participants 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 that any participant 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 any participant may incur or which may accrue to any participant and their executors, heirs and assigns, on account of their participation in the program and presence for said program on school property.

As the person in charge, 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 any participant or arising out of, connected with, or in any way associated with any participant's 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**

Name of Person in Charge: \_\_\_\_\_

Signature of Person in Charge (At least 18 years of age): \_\_\_\_\_

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

Location of event: \_\_\_\_\_

Time of event: \_\_\_\_\_