

## WAIVER & RELEASE

### IMPORTANT INFORMATION

The National Alliance on Mental Illness of DuPage County (hereafter referred to as "NAMI") is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. NAMI continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participant's safety. However, participants and parents/guardians/family members of participants registering for NAMI programs/activities must recognize that there is an inherent risk of injury when choosing to participate in any recreational activity/program.

You as the participant and/or parent/guardian/family member are solely responsible for determining if the participant is physically fit and/or adequately skilled for any activity or program contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or has recently suffered an illness, injury or impairment, to consult the appropriate health care provider before engaging in any NAMI program/activity.

### WARNING OF RISK

Recreational activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks, dangers and injuries may exist due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike or inappropriate conduct, premises defects, inadequate or defective equipment, inadequate or negligent supervision, instruction or officiating, negligent operation of a motor vehicle, and other risks inherent to participation in any program/activity. In this regard, it is impossible for NAMI to guarantee absolute safety.

### WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in any and all NAMI programs/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your child/ward might sustain as a result of participating in any and all activities connected with and associated with these programs/activities (including transportation services, when provided).

I recognize and acknowledge that there are certain risks of physical and emotional injury to participants in any NAMI program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in any program/activity against NAMI, including their respective officials, agents, volunteers, companions, employees.

### PHOTO/VIDEO AUTHORIZATION

I hereby authorize and give my consent to NAMI to photograph/video myself or my child/ward or to obtain outside photography/video of myself or my child/ward participating in NAMI activities/events/programs, and without limitation, to use such photographs/video in connection with promoting/advertising the services, programs, and facilities of NAMI, without consideration of any kind.

**PARTICIPATION WILL BE DENIED IF THE SIGNATURE OF ADULT PARTICIPANT OR PARENT/GUARDIAN AND DATE ARE NOT ON THE WAIVER.**

### YOU MUST SIGN AND DATE THIS FORM FOR YOUR REGISTRATION TO BE PROCESSED

I have read and fully understand the information on the Waiver & Release, warning of risk, assumption of risk, waiver and release of all claims, and photo/video authorization. If registering via fax, my facsimile signature shall substitute for and have the same legal effect as an original form signature.

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date