# Waiver and Release

Read Thoroughly Before Signing

Note: A separate form must be signed for each participant.

**Important Information:** Participants and parents/guardians of minors/wards in activities offered at or from the property known locally as 4701 N. Oak Street, Crystal Lake, IL 60012 (the site), or by or associated with any of the "Parties" (described below) recognize that there is an inherent risk of injury when choosing to participate in the activities (including use of equipment and property). You are solely responsible for determining if you or your minor child/ward is physically fit and/or adequately skilled for the activities 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 a physician before undertaking any physical activity.

**Warning of Risk:** Activities are intended to challenge and engage the physical, emotional and/or mental 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 offered 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 conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and other risks inherent to the particular activity. In this regard, it is impossible for any party to guarantee absolute safety.

**Parties:** The "Parties" to which this waiver, release and authorization extend to include, TLC Centers for Therapy, an Illinois not for profit corporation. Any provider, or person involved in providing any activity, the limited liability company members and managers, shareholders, directors, officers, employees, agents, and volunteers of all previously referenced entities or persons, and their heirs, estates, representatives, successors and assigns.

**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 offered activity, 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 minor child/ward might sustain as a result of participating in any and all activities connected with and associated with the Site and/or activities offered by or through any Parties listed herein, or with use of any property or equipment loaned to you or associated with such activities (included but not limited to transportation services, operation and/or use of Four Wheel All-Terrain Vehicle, Gold Cart, Motorized Farm Equipment, or other vehicle; or medical, therapy or equipment on property; when provided). Use of or loan of the following such equipment or property is specifically acknowledged:

_____

_____

_____

Under the Illinois Equine Activity Liability Act, each participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility for injury, loss or damage to persons or property resulting from the risk of equine activities. I recognize and acknowledge that there are certain risks of physical injury or death to participants in activities, and I voluntarily agree to assume the full risk of any and all injuries, death, damages or loss, regardless of severity, that my minor 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 activity, against all persons and entities named herein or associated with such activities, (against, the "Parties").

## Waiver and Release

I have read and fully understand the above important information, authorization, warning of risk and waiver and release of all claims.

## Note: A separate form must be signed for each participant

PLEASE PRINT Child/Ward's Name: _____

Date: _____ Child/Ward's DOB: ____/____/_____ Height:_____ Weight:_____

Parent/Guardian Signature: _____

Print Parent/Guardian Name: _____

Address: _____

City: _____

State: _____ Zip: _____

PLEASE PRINT Adult Participant's Signature: _____

Date: _____ Print Participant's Name: _____

Address: _____

City: _____

State: _____ Zip: _____

PLEASE PRINT Witness Signature: _____

Date: _____ Print Witness Name: _____

Address: _____

City: _____

State: _____ Zip: _____

**PLEASE LIST ALL FAMILY MEMBERS AND OR GUESTS THAT WILL BE ON THE PROPERTY AND YOUR SOLE RESPONSBILITY:**

**1._____** **2. _____**

**3. _____** **4. _____**

**5. _____** **6. _____**