

THREE SISTERS PARK WAIVER AND RELEASE

Volunteer Name: _____

In case of emergency please contact:

Address: _____

Name: _____

City, State, Zip: _____

Address: _____

Mobile Phone: _____

Home Phone: _____

Email address: _____

Work or Secondary Phone: _____

WAIVER & RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully. Be aware that in signing and volunteering at Three Sisters Park, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you may sustain as a result of participating in any and all activities connected with and associated with your volunteer services at Three Sisters Park.

As a volunteer and driver for Three Sisters Park, I recognize and acknowledge that there are certain risks of physical injury to myself and others and I voluntarily agree to assume full responsibility of any injuries, including death, damages or loss which may incur or cause on account of participation as a Three Sisters Park volunteer.

I do hereby fully waive, release and discharge Three Sisters Park/SLG Cohen Foundation, Inc. (including its board members, officers, employees, volunteers and agents) from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may accrue to me on account of participation in the volunteer program.

In the event of an emergency, I authorize Three Sisters Park officials to secure from any licensed hospital, physician, and/or medical personnel or good Samaritan first aid providers, any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

In addition, I hereby consent to the use of my photograph in Three Sisters Park brochures, publications, slide presentations, etc.

I have read and fully understand the above details of this volunteer waiver and release of all claims and permission to secure medical treatment.

Signature of Participant: _____ **Date:** _____

**Return to:
Chris Cassidy
Three Sisters Park
17189 N. Route 29
Chillicothe, IL 61523
Telephone: 309/253-2357**

**E-mail: info@threesisterspark.com
Web Site: threesisterspark.com
FAX: 309/274-8855**