

**Champaign County Forest Preserve District**  
**Group Volunteer Waiver and Release**

The Champaign County Forest Preserve District (CCFPD) is committed to conducting its recreation programs and activities in a safe manner and holds the safety of volunteers in high regard. The CCFPD continually strives to reduce such risks and asks that all volunteers follow safety rules and instructions that are designed to protect the volunteer's safety. However, volunteers must recognize that there is an inherent risk of injury when choosing to volunteer for any activity or program.

Please recognize that the CCFPD carries only limited medical accident coverage for volunteers; therefore, it is strongly urged that all volunteers review their own health insurance policy for coverage. Additionally, each volunteer is solely responsible for determining if he/she is physically fit and/or properly skilled for any volunteer activity. It is always advisable, especially if the volunteer is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

**Warning of Risk**

Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when providing volunteer services. Understandably, not all hazards and dangers can be foreseen. Volunteers must understand that depending upon the volunteer services, certain risks, dangers and injuries due to acts of God, inclement weather, slip and falls, inadequate or defective equipment, failure in supervision or instruction, premises defects, horseplay, carelessness, lack of skill or technique, and all other circumstances inherent to the particular volunteer services exist. In this regard, it must be recognized that it is impossible for the CCFPD to guarantee absolute safety.

**Waiver and Release of all Claims and Assumption of Risk**

Please read this form carefully and be aware that in consideration for providing volunteer services, 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 (including transportation services/vehicle operations, when provided).

As volunteer group leader, I recognize and acknowledge that there are certain risks of physical injury to volunteers in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that any member of our group may sustain as a result of our volunteer services. I further agree to waive and relinquish all claims our group may have (or accrue to our group) as a result of our group volunteer services against the CCFPD, including its officers, officials, agents, volunteers and employees (hereinafter collectively referred as "Parties").

I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages, or loss that our group may have or which may accrue to our group and arising out of, connected with, or in any way associated with our volunteer services.

**Photo and Model Consent Release**

As group leader, I hererby give CCFPD and those acting under its permission or upon its authority, the unqualified right and permission to reproduce, copyright, publish, circulate or otherwise use photographic reproduction or likenesses of any member of our group. This authorization and release covers the use of said material in any published form, and any medium of advertising, publicity or trade. Furthermore, our group transfers to CCFPD all rights, title and interests in and to all reproductions taken of our group by representatives of CCFPD. This agreement represents all terms and considerations, and no other inducements, statements or promises have been made to me.

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

**PLEASE PRINT**

Volunteer Group (please attach all names participating in activity) \_\_\_\_\_

Volunteer Group Leader \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ City/State/ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Date \_\_\_\_\_

**Participation will be denied if the signature of the volunteer leader and date are not on this waiver.**