

Aurora Township Youth Services
AGREEMENT AND RELEASE OF LIABILITY

1. In consideration of being allowed or my child being allowed to participate with the Aurora Township Youth Services, and to use its facility and equipment in addition to the payment of a fee or charge. I do hereby waive and release and forever discharge Aurora Township and its elected officials, officers, agents, employees, and representatives from any and all responsibility or liability for injuries or damages resulting from my or my child's participation in any activities or use of equipment in the above mentioned facilities or arising out of my or my child's participation in any activities at said facility or in outside activities, or arising out of my child being transported to any activities by the Aurora Township. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by negligence act or omission of any of those mentioned or others acting on behalf in any other way arising out of or connected with my child's participation in any activities of Aurora Township or the use of any equipment at or owned by Aurora Township or transportation to and from said events.

(PLEASE INITIAL _____)

2. I do hereby further declare that I am or my child is physically sound and suffering from no condition, impairment, disease, or infirmity, or other illness that would prevent my or my child's participation in any of the activities and programs of Aurora Township or use of equipment except as in hereafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my or my child's participation in an exercise activity. I also acknowledge that it has been recommended that my child or I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise equipment. I acknowledge that I or my child have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate or allow my child to participate in activity without the approval of my physician and do hereby assume all responsibility for my participation and activities.

(PLEASE INITIAL _____)

I _____ give my permission for _____
to attend fieldtrips and indoor and outdoor activities with Aurora Township Youth Services.

I have read and understand the above waiver and release of all claims.

Parent/Guardian's printed name _____

Signature of Parent/Guardian _____ DATE _____