

**VILLAGE OF
BUFFALO GROVE**

Fifty Raupp Blvd.
Buffalo Grove, IL 60089-2196
Phone 847-459-2500
Fax 847-459-7906



**PARTICIPANT LIABILITY WAIVER, HOLD HARMLESS AND
INDEMNITY AGREEMENT**

Please read this form carefully and be aware that by registering for and participating in this program, you will be waiving your and your child's rights to all claims for injuries you or your child might sustain arising out of this program and you will be required to indemnify, hold harmless and defend the Village of Buffalo Grove, the Rotary Club of Buffalo Grove and Bowlero (the Sponsors) and their officers, agents and employees for any claims arising out of participation in:

Bowling with Buddies on Thursday, April 18, 2019 ("Program")

Risk of Injury: As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury, including but not limited to all injuries, including death and I agree to assume the full risk of injuries, including death, damages, or loss which I or my child may sustain as a result of participating in any and all activities associated with this Program.

Waiver of Injury Claims: I agree to waive and relinquish any and all claims I or my child may have arising out of, connected with, or in any way associated with the activities of the Program.

Release from Liability: I do hereby fully release and discharge the Sponsors and their officers, agents and employees from any and all claims from injuries, including death, damage or loss which I or my child may have or which may occur on account of participation in the Program.

Indemnity and Defense: I further agree to indemnify, hold harmless and defend the Sponsors and their officers, agents, and employees from any and all claims from injuries, including death, damages and losses sustained by me or my child arising out of, connected with, or in any way associated with the activities of the Program.

In the event of any emergency, I authorize the Village of Buffalo Grove to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed reasonable and necessary for my or my child immediate care and agree that I will be responsible for payment of any and all medical services rendered.

Nothing contained herein shall constitute a waiver by the Village of any right, privilege or defense available to the Village under statutory or common law, including, but not limited to, the Illinois Local Governmental and Governmental Employees Tort Immunity Act, 745 ILCS 10/1-101 et seq., as amended.

I have read and fully understand and agree to the above stated conditions of participation in the Program.

Date: _____

Address of Participant

Print Name of Participant

Signature of Participant

Emergency Telephone Number

Minor's Name _____

Parent/Guardian Signature (if participant is under the age of 18)

Event Date: April 18, 2019