

**Peoria Park District & Camp Wokanda
Liability Waiver and Release of All Claims**

We are excited that you have chosen Camp Wokanda for your weekend trip. Camp Wokanda provides opportunities for a variety of activities, some of which include canoeing, fishing, hiking, archery, and camping. This form is vital in ensuring your safety and the safety of your child or ward. A Liability Waiver must be signed for any troop leader, volunteer or scout attending camp. It is the troop leader's responsibility to have all signed waivers upon arrival, so make sure to return this form as soon as possible to your leader. If you or your child need any special accommodations, the troop leader must know prior to arrival for arrangements with Camp Wokanda. The Peoria Park District will make reasonable accommodation to disabled individuals who meet essential eligibility requirements for the trip to Camp Wokanda.

Program _____
Date(s) of Trip _____ Emergency Phone _____
Participant _____
Address _____
City _____ Zip Code _____
Special
Accommodations _____

Please read this form carefully and be aware in registering yourself, your child, or ward for participation in this program, you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of this program.

As a participant in the program or the parent/guardian of a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages, or loss which I or my minor child/ward may sustain as a result of participating in any or all activities connected with or associated with such program.

I agree to waive and relinquish all claims my minor child/ward or I may have as a result of participating in the program against the Peoria Park District and its officers, agents, servants, and employees.

I do hereby fully release and discharge the Peoria Park District and its officers, agents, servants, and employees from injuries, including death, damage, or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward on account of my participation in the program.

I further agree to indemnify, hold harmless and defend the Park District and its officers, agents, servants, and employees from any and all claims associated with the activities of the program.

In case of accident or sickness, I consent to emergency medical care provided by ambulance or hospital personnel.

I hereby consent to the use of my photograph in Park District brochures, publications, slide presentations, etc.

I have read and fully understand the above Waiver and Release of All Claims.

Date

Signature of Participant or Parent/Guardian