



**WAIVER, RELEASE OF ALL CLAIMS  
AND HOLD HARMLESS AGREEMENT**  
*Required for ALL Counselors/Volunteers*



Participant's Name: \_\_\_\_\_

Please read this form carefully and be aware that, in signing up and participating in this camp, you will be waiving and releasing all claims for injuries, arising out of these programs, that you or the other named participant might sustain. The terms "I," "me," and "my" also refer to parents or legal guardians as well as participants in the programs. In registering for these programs you are agreeing as follows:

As a participant in these programs, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, damages or loss which I may sustain as a result of participating, in any manner, in any and all activities connected with or associated with such programs. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risks of injury.

I agree to waive and relinquish all claims I may have as a result of participating in these programs against CHILDREN'S RESEARCH TRIANGLE, any and all other participating or cooperating agencies, and all independent contractors, officers, agents, servants, employees, students and volunteers of the agencies and independent contractors, and any and all other persons and entities, of whatever nature, that might be directly or indirectly liable for any injuries that I might sustain while participating in these programs. (The parties described in the preceding sentence are referred to as "released parties" in the remainder of this Agreement.)

I do hereby fully release and discharge CHILDREN'S RESEARCH TRIANGLE and the other released parties from any and all claims for injuries, damages, or loss which I may have or which may accrue to me on account of my participation in these programs.

I fully agree to indemnify, hold harmless and defend CHILDREN'S RESEARCH TRIANGLE and any and all other released parties, from any and all claims resulting from injuries, damages, and losses sustained by anyone, and arising out of, connected with, or in any way associated with my conduct and the activities of these programs.

I further understand and agree that the terms such as "participation," "programs," and "activities" referred to in this Agreement, include all exercises and physical movements of any nature while I am participating in these programs and further include the provision of or failure to provide proper instructions or supervision, the use and adjustment of any and all machinery, equipment, and apparatus, and anything related to my use of the services, facilities, or premises involved in these programs, and transportation to and from any events.

I understand the nature of these programs for which I am registering, and have read and fully understand this Waiver, Release, and Hold Harmless Agreement. I further understand that any advisements or warnings of the particular risks of these programs that I subsequently receive will be incorporated by reference into and become a part of this Agreement.

In case of emergency, I give my permission for my child/participant to receive first-aid, transportation or medical attention that may be required. I give my permission for the administration of medications by camp agents as prescribed by a physician and/or their parent or legal guardian.

I further understand that CHILDREN'S RESEARCH TRIANGLE carries no accident coverage on participants and that expense related to immediate medical attention and/or hospitalization will be the sole responsibility of the individual in question and/or their parent or legal guardian.

I consent to my child/self-participating in any form of authorized activity including water activities except those specifically prohibited by the physician who examined my child/participant for admittance to camp and who signed the Medical Examination Form.

The information in this entire Agreement remains current unless written corrections are provided to CHILDREN'S RESEARCH TRIANGLE.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If under 18 yrs.)

This form may be sent one of the following ways:

Email: [srieger@cr-triangle.org](mailto:srieger@cr-triangle.org)

Fax: 312-726-4021

Mail: 70 E Lake Street, Suite 1300, Chicago, IL 60601

***This form must be received in order to attend Camp SOAR***