

**Parent or Guardians Agreement of Waiver of Liability, Indemnification & Medical Release**

*For use by adults during special events and activities if the participants are under the age of 18 years of age.*

The undersigned parent and natural guardian or legal guardian does hereby acknowledge that he/she is aware of the dangers involved in participating in \_\_\_\_\_.

Said undersigned parent and natural guardian or legal guardian does hereby represent that he/she is in fact acting in such capacity and agrees on behalf of the participant and his/her executors, administrators, heirs, next of kin, successors, and assigns, to:

A. Waive, release and discharge from any and all liability for participant’s death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to participant and his/her estate, the County of St. Joseph, Indiana, and its officers, agents and employees; and

B. Indemnify and hold harmless the County of St. Joseph, Indiana, and its officers, agents and employees from and against any and all liabilities and claims made by other individuals or entities as a result of the participant’s participation or actions during this activity or event.

The undersigned understands and is aware that participating in this activity or event involves certain risks and dangers including, but not limited to: hazards associated with outdoor activities; the forces of nature and wildlife, and distances from/access to medical facilities. Such outdoor activities involve but are not limited to canoeing on the St. Joseph River, Baugo Creek, Baugo Bay or Lake Osceola; swimming in Lake Osceola; innertubing on a public innertube hill; walking, snowshoeing and/or cross-county skiing through rough terrain; participating in tractor drawn hayrides; disc golfing; and traveling by automobile, public passenger van or other conveyance.

The undersigned further consents to and authorizes medical treatment to the participant which may be deemed advisable in the event of injury, accident or illness during this activity or event.

This release and waiver shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I, the undersigned, acknowledge that I have read and understand the above Release.

Name of Minor \_\_\_\_\_ Age \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

*PHOTORELEASE: I hereby consent to and authorize St. Joseph County Parks Department, its publishers, licensees, and assignees, permission to use and reproduce still photographs and/or film footage taken of me (and/or my child/children) in whole or in part, with or without names, for editorial, trade or advertising purposes. I also confirm that I waive all claims arising from such use for any additional compensation, damages, and invasion of privacy.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

St. Joseph County Parks Department  
Administrative Offices  
50651 Laurel Road  
South Bend, Indiana 46637  
574/277-4828

