

CONCERNS OF POLICE SURVIVORS, INC.

COPSWALK Midwest St. Charles, Illinois – Fox River Trail September 14 – 16, 2018

ACKNOWLEDGEMENT, WAIVER OF RIGHTS, AND RELEASE OF LIABILITY

This form is completed and filed for:

name of person attending

1. I acknowledge that I have no physical or emotional impairment which currently, or in the future, would prevent me from participating in the COPSWALK sponsored by Concerns of Police Survivors, Inc. (C.O.P.S.) at the facility of Fox River Trail – Kane County Forrest Preserve on the dates listed above.
2. I further acknowledge that my participation in the program will involve both emotional and physical activities. I agree to monitor my participation and not exceed my own limits, and assume all risk for my condition while participating in this program.
3. In consideration for acceptance of my application to participate, on behalf of myself, my heirs, my estate, and any other person holding the right to make a claim as a result of any injury to myself, I hereby waive the right to make any such claim or file a lawsuit against, and forever discharge C.O.P.S., COPSWALK, any of either organization's respective agents, servants, employees, grief counselors, officers, directors, co-ventures, or other participants in the walk from any and all loss or damages which I might sustain or suffer in connection with my entry into and participation in grief counseling sessions and any other activity at the program.
4. I agree to comply with all policies, procedures, and rules established by C.O.P.S. and COPSWALK to ensure the safety of participants at the program.
5. I understand that video footage and/or still photos of C.O.P.S. activities will be taken and used to promote future programs and the C.O.P.S. organization, but participants WILL NOT be identified by name.
6. I understand that C.O.P.S. does not provide health insurance to participants in the walk. I agree to assume all responsibility for insuring myself.
7. In the unlikely event that I should require emergency medical care, I hereby authorize the designated representative of C.O.P.S. to seek prompt emergency or urgent care on my behalf. I specifically authorize the designated representative of C.O.P.S. to execute any document on my behalf which would ordinarily be required of an adult patient receiving medical treatment.

(continued on reverse side)

8. If such medical care or treatment is required, I agree to assume, at my own expense, all reasonable medical expenses associated with my care.
9. I will refrain from consuming any form of recreational and/or illegal drugs while in attendance at the COPSWALK. I understand that prescription medications are permitted at my own risk.
10. I further acknowledge that any counseling I receive at the retreat does not constitute legal or medical consultation. I agree that I am responsible for seeking legal or medical assistance (aside from the assistance described in #7 above), when and if necessary.
11. I understand the following refund policy: There will be no refunds of donations. No refunds will be permitted simply because an athlete fails to participate or for inclement weather.

By signing below, I affirm that, on this _____ day of _____, 2018, I have read the above and foregoing Acknowledgement, Waiver of Rights, and Release from Liability, and I am signing it voluntarily with my intent to be bound by it.

That by signing this form I acknowledge the physical challenge presented by the walk, and assert I am in good physical condition as to allow me to participate.

That by signing this form C.O.P.S has the continuing right to use the image.

In consideration of being allowed to participate, I agree that in event of any claim that the maximum amount I may claim or receive is \$100.

Signature of Participant

Printed Name of Participant

FOR PARTICIPANT OF MINOR AGE (under 18 at time of registration), this is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided about of all the Released Parties, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Released Parties from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASED PARTIES, to the fullest extent permitted by law.

Signature of Parent/Guardian

Printed Name of Parent/Guardian