

RELEASE OF LIABILITY

READ CAREFULLY - THIS AFFECTS YOUR LEGAL RIGHTS

In exchange for participation in the activity of the Chillicothe Wiffle Ball Tournament organized by the Chillicothe F.O.P. Lodge #247, of P.O. Box 3, Chillicothe, Illinois 61523 and/or use of the property, facilities, and services of the Chillicothe F.O.P. Lodge #247 and/or the Chillicothe Park District, I agree for myself and (if applicable) for the members of my family, to the following:

1. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by the Chillicothe F.O.P. Lodges #247, or the employees, representatives or agents of the Chillicothe F.O.P. Lodge #247.
2. I recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge the Chillicothe F.O.P. Lodge #247 for injury, loss or damage arising out of my or my family's use of or presence upon the facilities of the Chillicothe Park District or other third parties.
3. I agree to indemnify and defend the Chillicothe F.O.P. Lodge #247 and Chillicothe Park District against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the facilities of the Chillicothe Park District.
4. I agree to pay for all damage to the facilities of the Chillicothe Park District caused by my or my family's negligent, reckless, or willful actions.

PERMISSION FOR MINORS

5. I consent to the participation of my child, _____ in the Chillicothe Wiffle Ball Tournament, and agree on behalf of the above minor to all of the terms and conditions of this agreement. By signing this Release of Liability, I represent that I have legal authority over and custody of _____.

6. In the event of an injury to the above minor during the above described activities, I give my permission to the Chillicothe F.O.P. Lodge #247 or the employees, representatives or agents of the Chillicothe F.O.P. Lodge #247 to arrange for all necessary medical treatment for which I shall be financially responsible. This temporary authority will begin on August 04, 2012 and will remain in effect until terminated in writing by the undersigned or by the end of the tournament on August 04, 2012, whichever occurs first. Chillicothe F.O.P. Lodge #247 shall have the following powers:

- a. The power to seek appropriate medical treatment or attention on behalf of my child as may be required by the circumstances, including without limitation, that of a licensed medical physician and/or a hospital;
- b. The power to authorize medical treatment or medical procedures in an emergency situation;

c. The power to make appropriate decisions regarding clothing, bodily nourishment and shelter.

7. Any legal or equitable claim that may arise from the participation in the above shall be resolved under Illinois law.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

Dated: _____

Signature: _____

Name: _____

Address: _____

In case of an emergency, please call _____

(Relationship: _____)

Day phone : _____

Evening phone: _____