



Committee Representing Our Young Adults

CROYA Trip to Volunteer at the Camp Hope Water Carnival

When: Friday, July 29, 2022

Where: Camp Red Leaf, Ingleside, IL

Time: 8:30am – 1:00pm

We will be traveling by CROYA Van to Camp Red Leaf in Ingleside and volunteering at the Camp Hope water carnival. We will meet at CROYA at 8:30am and arrive at Camp Red Leaf at 9:30am. We will help run carnival games and then help clean up. CROYA will provide lunch for the volunteers, and we will arrive back at CROYA at 1:00pm.

All volunteers must show proof of COVID vaccination and booster.

There is a limit to how many youth we can take, so please contact CROYA if you are interested in attending this service and return this permission slip to CROYA.

If you have any questions, call Rick at CROYA at 847-810-3984.

I hereby give consent for _____ to be transported by the CROYA Van or CROYA Staff vehicle to Camp Red Leaf / Camp Hope on Friday, July 29, 2022. I understand that those in charge will use every precaution for the safety of the child, but in case of an accident, we will not attempt to hold CROYA, the City of Lake Forest, or the Village of Lake Bluff in any way responsible. I have read and agree with the Participant Liability Waiver and Hold Harmless Agreement on the back.

Name of Student Attending

Date

Parent/Guardian Signature

Parent Phone Number

PARTICIPANT LIABILITY WAIVER AND HOLD HARMLESS AGREEMENT

Please read this form carefully and be aware that by registering for and participating in this program(s) or by registering your minor child/ward for participation in this program(s), you will be waiving your rights and/or the rights of your minor child/ward to all claims for injuries you or your minor child/ward might sustain arising out of this program(s) and you will be required to indemnify, hold harmless and defend CROYA, the City of Lake Forest, and the Village of Lake Bluff for any claims arising out of participation in said program(s).

For purposes of this Liability Waiver and Hold Harmless Agreement, the “program” or “programs” to which it relates include any and all activities undertaken or supervised by, or otherwise made available by or through, CROYA, the City of Lake Forest, and/or the Village of Lake Bluff, including activities involving the unsupervised use of equipment of property of CROYA, the City of Lake Forest, and/or the Village of Lake Bluff.

RISK OF INJURY: “As a participant in the program, or as a parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of injuries, including death, damages, or loss which I or my minor child/ward may sustain as a result of participating in any and all activities associated with this program, including transportation.”

WAIVER OF INJURY CLAIMS: “I agree to waive and relinquish any and all claims I or my minor child/ward may have arising out of, connected with, or in any way associated with the activities of the program, including transportation.”

RELEASE FROM LIABILITY: “I do hereby fully release and discharge, CROYA, the City of Lake Forest and the Village of Lake Bluff and its officers, agents and employees from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may occur on account of participation in the program, including transportation.”

INDEMNITY AND DEFENSE: “I further agree to indemnify, hold harmless and defend CROYA, the City of Lake Forest and/or the Village of Lake Bluff and its officers, agents, and employees from any and all claims from injuries, including death, damages and losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program, including transportation. In the event of any emergency, I authorize CROYA to secure from any licensed hospital, physician, and / or medical personnel any treatment deemed reasonable and necessary for my minor child’s/ward’s immediate care and agree that I will be responsible for payment of any and all medical services rendered.”

COVID-19 MONITORING PERMISSION: In consideration of myself and/or my child/ward being allowed to participate in the Activity, I grant CROYA, the City of Lake Forest, and the Village of Lake Bluff, its officials, agents, or employees full permission to do a temperature scan on myself and/or my child/ward and monitor for symptoms of COVID-19. I understand and agree that if I and/or my child/ward has a temperature, shows symptoms of COVID-19 or answers any questions in the affirmative, I and/or my child/ward shall not be allowed to participate in the Activity. I hereby agree and understand that the terms and provisions of the Participant Liability Waiver and Hold Harmless Agreement is extended to include COVID-19 exposure, infection or the monitoring of COVID-19 exposure as provided above.

The invalidity or unenforceability of any of the provisions hereof shall not affect the validity or enforceability of the remainder of this Agreement.

I have read and fully understand and agree to the above Participant Liability Waiver and Hold Harmless Agreement.
