

Allen County Office of Homeland Security RACES Program



INFORMED CONSENT, WAIVER AND RELEASE OF LIABILITY AGREEMENT

Allen County Radio Amateur Civil Emergency Service (RACES)

The undersigned, being at least eighteen years of age and in consideration for acceptance, approval, and participation with and for the Allen County RACES Program, do hereby agree to this consent, waiver and release of liability.

ACKNOWLEDGEMENT AND ASSUMPTION OF RISK

I recognize that the Allen County RACES Program will involve physical labor and may carry a risk of personal injury. I further recognize that there are natural and manmade hazards, environmental conditions, diseases and other risks, which in combination with my actions can cause injury to me. I hereby agree to assume all risks, which may be associated with or may result from my participation in the program.

I recognize that these Program activities will involve physical activity and may cause physical and emotional discomfort. I state that I am sufficiently physically fit to participate in the Program.

WAIVER AND RELEASE OF LIABILITY

I agree to release the State of Indiana, Allen County, their agencies, departments, officers, employees, agents and all sponsors and/or officials and staff of any said entity or person, their representatives, agents, affiliates, directors, servants, volunteers, and employees (hereinafter referred to collectively as "Parties Released") from the cost of any medical care that I receive while participating in this Program or as a result of it.

I further agree to waive, release and discharge the Parties Released from any and all liability, claims, demands, actions, and causes of actions, whatsoever, for any loss, claim, damage, injury, illness, attorney's fees or harm of any kind or nature to me arising out of any and all activities associated with participating in this Program or as a result of it.

I further agree to indemnify, save, and hold harmless the Parties Released from and against any and all claims of any nature, including all costs, expenses and fees, arising out of or resulting from my participation in this Program.

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CONSENT

In the event of injury while participating in any and all activities associated with the Program, I consent to receive any emergency medical aid, anesthesia, and/or medical treatment or operation if, in the opinion of the attending physician, such treatment is necessary.

I, the undersigned participant, affirm that I am at least 18 years of age and am freely signing this agreement. I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies, which may otherwise be available to me regarding any losses I may sustain as a result of my participation. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

Printed Name

Date

Signature