



## Run for Illinois C.O.P.S. 5K



### Waiver and Release of Liability for Participants/Volunteers

#### Participant/Volunteer Information

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth (if under 18): \_\_\_\_\_

#### Emergency Contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relation: \_\_\_\_\_

Please read this form carefully and be aware in signing up and registering yourself and/or your minor child/ward for participation in the Run for Illinois C.O.P.S. 5K and any activities associated therewith you will be waiving your rights to all claims for injuries you might sustain arising out of the participation in this event; and you will be indemnifying, holding harmless and defending the Illinois Association of Chiefs of Police, Concerns of Police Survivors, McDonald's Corporation, and the Village of Oak Brook, its respective officials, agents, volunteers, and employees (hereinafter collectively referred to as "Parties") for any claims arising out of the participation of your minor child/ward in this event.

In consideration of myself and/or my minor child/ward under 18 years of age being allowed to participate in the event, I recognize and acknowledge that there are certain risks of physical injury associated with the event. I agree to assume the full risk of injuries that I or my minor child/ward may sustain, as a result of participating in the event and all activities connected or associated therewith. I agree to indemnify, hold harmless and defend the Parties for any and all claims injuries, damage or loss on behalf of myself and/or my minor child/ward may have against the Parties as a result of my participation and/or my minor child/ward's participation in the Activity.

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 the above Waiver and Release of all claims.

\_\_\_\_\_  
Name(s) of Minor

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date