



## **Waiver and Release of All Claims for Self-Administration of Inhaler or Auto-Injector**

*This form is to be completed only when a parent or guardian authorizes his/her child to self-administer a prescribed inhaler/auto-injector. If a parent or guardian does not choose to authorize his/her child to self-administer an inhaler or auto-injector but wants Park District personnel to dispense or assist with administration, they must complete the Medication Dispensing Information form and the Permission to Dispense Medication and Waiver and Release of All Claims form authorizing staff to dispense these medications.*

### **WAIVER AND RELEASE OF ALL CLAIMS AND INDEMNIFICATION**

Please read this form carefully and be aware that pursuant to the Illinois Asthma Inhalers at Recreational Camps Act, 410 ILCS 607/1 *et seq.*, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain in connection with the possession, self-administration, or use of medication, including, but not limited to the use of an epinephrine auto-injector or inhaler at the camp or at any camp-sponsored activity, event, or program, except for claims arising out of the willful and wanton conduct of the Roselle Park District.

As parent/guardian of the below identified participant, I verify and attest that my child/ward has the knowledge and skills to safely possess, self-administer, and use an epinephrine auto-injector or inhaler in a camp setting. I also recognize and acknowledge that there are certain risks of physical injury to the participant's possession, self-administration, or use of medication, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said possession, self-administration, or use of medication. Such risks include, but are not limited to, failing to properly administer the medication, failing to observe side effects, failing to assess and/or recognize an adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services.

I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of or arising out of the possession, self-administration, or use of medication against the Roselle Park District, including its officials, agents, volunteers and employees, except for claims arising out of the willful and wanton conduct of the Roselle Park District.

I further agree to protect, indemnify, save, defend and hold harmless the Roselle Park District from and against any and all liabilities, obligations, claims, damages, penalties, causes of action, costs and expenses (including reasonable attorney fees) for which the Roselle Park District may become obligated by reason of the possession, self-administration, or use of medication, except to the extent caused by the willful and wanton conduct of the Roselle Park District.

**I have read and fully understand the above waiver and release of all claims and indemnification.**

Participant's Name: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_