



### MISSION STATEMENT

The Mission of The City of Lake Forest and Dickinson Hall, the Program Provider, is to offer adults educational, social and cultural opportunities as well as services fostering independence, involvement and continued personal growth in a welcoming and dynamic environment.

### Participant Liability Waiver and Hold Harmless Agreement

Please read this form carefully and be aware that by registering for and participating in the program(s) you will be waiving your rights to all claims for injuries you might sustain arising out of any of the programs of Dickinson Hall, and you will be required to indemnify, hold harmless and defend Dickinson Hall and The City of Lake Forest for any claims arising out of participation in said program(s).

"As a participant in any program, 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 may sustain as a result of participating in any and all activities associated with such programs. I agree to waive and relinquish any and all claims I may have arising out of, connected with, or in any way associated with the activities of such programs.

"I do hereby fully release and discharge Dickinson Hall and The City of Lake Forest and its officers, agents, and employees from any and all claims from injuries, including death, damage or loss which may occur on account of participation in Dickinson Hall programs.

"I further agree to indemnify, hold harmless and defend Dickinson Hall and The City of Lake Forest and its officers, agents and employees from any and all claims from injuries, including death, damages and losses sustained by me and arising out of, connected with, or in any way associated with the activities of Dickinson Hall programs.

*"In the event of any Emergency, I authorize Dickinson Hall and The City of Lake Forest to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed reasonable and necessary for my immediate care and agree that I'll be responsible for payment of any and all medical services rendered.*

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

Signature: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Dickinson Hall may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content."*

Please check the box if you **do not consent**.