

**2527.4****WAIVER & RELEASE FOR  
USE OF INHALER OR AUTO-INJECTOR**

Use one (1) *Medication Dispensing Log* form for each participant and attach it to the:  
*Permission to Dispense Medication (Waiver and Release of all Claims)* form(s) #2527.2,  
*Inhaler or Auto Injector (Waiver and Release of all Claims)* form(s) #2527.4;  
 and the *Medicine Dispensing Information* form(s) #2527.1 for the same participant.

**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 park district-sponsored activity, event, or program; except for claims arising out of the willful and wanton conduct of the Bartlett 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 park district-sponsored activity, event, or program setting. I also recognize and acknowledge that there are certain risks of physical injury to participants' 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 Bartlett Park District, including its officials, agents, volunteers and employees; except for claims arising out of the willful and wanton conduct of the Bartlett Park District.

I further agree to protect, indemnify, save, defend and hold harmless the Bartlett 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 Bartlett 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 Bartlett Park District.

**I have read and fully understand the above waiver and release of all claims and indemnification. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.**

Participant's Name \_\_\_\_\_  
 (Please Print)

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

**PARTICIPATION WILL BE DENIED**

**If the signature of parent/guardian and date are not on this waiver.**

Date Approved by Executive Director: 05/2013  
 Director's Signature: Rita Fletcher  
 Revised/Reviewed Date: 08/15/12, 05/22/13