Waiver Form
Please carefully read, fill out, and sign this form at the bottom of the page.

McLean County Health Department/McLean County Disaster Council
Illinois State University
McLean County Emergency Management Agency
Point of Dispensing Full Scale Exercise
Illinois State University Redbird Arena
September 14, 2018

McLean County Health Department/McLean County Disaster Council

1. **Assumption of Risk**: I acknowledge that participation in this activity is potentially hazardous. I will not participate unless I am physically able and properly trained. Further, I agree to abide by any decision of the officials relative to my ability to participate. I hereby agree to abide by the rules and regulations governing this activity and elect to participate at my own risk, and in consideration for being allowed to participate, do hereby release and discharge the County of McLean and the Health Department of the County of McLean, its assignees, officers, agents, employees, and officials and their successors from any and all liability (including death) that may be received by me and from all claims and demands to personal property growing out of or resulting from my participation, except where the same is caused by the willful misconduct of the foregoing. I further certify that my physical condition will enable me to participate in this event.

I understand that the services I provide the County of McLean or the Health Department of the County of McLean may require such physical activity including, but not limited to:

a. Walking through and around Illinois State University Redbird Arena during the entirety of my selected Actor shift.

2. **Photographic Release**: I grant and convey to the County of McLean and the Health Department of the County of McLean all rights, title, and interest in any and all photographs, images, video, or audio recording of me or my likeness or voice made in connection with my providing volunteer services.

3. **GENERAL RELEASE**: I understand that I am volunteering of my own free will for this project. It is not a requirement of any work obligation or duty I might have or owe to the County of McLean or the Health Department of the County of McLean. I knowingly release the County of McLean and the McLean County Board of Health from any and all liability, cause or causes of action, suits, debts, accounts, costs, agreements, damages, judgments, claims and demands whatsoever, whether based in tort, employment law, worker’s compensation or other theory of recovery be it in law or equity.

Illinois State University

1. **Waiver**: In consideration of my voluntary participation as a role player in the Point of Dispensing Full Scale Exercise, being held at Illinois State University on September 14, 2018, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the Board of Trustees of Illinois State University, its officers, employees, agents and assigns from liability from any and all claims including those which result in personal injury, accidents or illnesses (including death), and property loss arising from participation in this emergency exercise.
2. **Assumption of Risks:** Participation in this exercise carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another and range from minor injuries such as bruises, sprains, strains, abrasions, and up to and including broken bones and fractures and other risks associated with this exercise. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

3. **Indemnification and Hold Harmless:** I also agree to indemnify and hold harmless the Board of Trustees of Illinois State University from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees, brought as a result of my involvement in this emergency exercise.

4. **Acknowledgment of Understanding:** I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

5. **Photographic Release:** Photographs and/or video will be taken during this event. Your registration gives consent for any such photographs/video to be used for advertising and publicity purposes by Illinois State University, its licenses, and/or member organizations, and you waive all claims for any compensation for such use or for damages. If you object to the foregoing, please contact ISU Emergency Management at 309-438-0100.

**McLean County Emergency Management Agency**

I, ______________________, do solemnly swear that I will support and defend and bear true faith and allegiance to the Constitution of the United States and the State of Illinois and the territory, institutions, and facilities thereof both public and private, against all enemies, foreign and domestic; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter. And I do further swear that I do not advocate, nor am I, nor have I been a member of any political party or organization that advocates the overthrow of the government of the United States or of this State by force or violence; and that during such time as I am affiliated with the McLean County EMA, I will not advocate nor become a member of any political party or organization that advocates the overthrow of the government of the United States or this State by force or violence.

__________________________________________
Printed Name

__________________________________________  ______________________
Signature                                      Date