

## Informed Consent and Liability Waiver Release for Participation in Exercise Program

I agree and consent to the following:

I am voluntarily participating in the \_\_\_\_\_ (insert program name) (the "Program") conducted by Navy Pier, Inc. on \_\_\_\_\_ (insert date(s)). I recognize that the Program requires physical exertion that may be strenuous at times and may cause physical injury and I am fully aware of the risks and hazards involved.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the above mentioned program. I represent and warrant that I have no medical condition that would prevent my participation in the Program.

I agree to assume full responsibility for any risks, injuries or damage know or unknown which I might incur as a result of participating in the Program. Such injuries may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness, including death.

I knowingly, voluntarily and expressly waive any claim I may have against the Navy Pier, Inc., the Metropolitan Pier and Exposition Authority or the City of Chicago, their officers, agents and employees (the "Released Parties") for injury or damages that I may sustain as a result of participating in the Program.

I, my heirs or representatives forever release waive, discharge and covenant not to sue the Released Parties for any injury or death caused by their negligence or other acts.

I have read the above waiver and release of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Release freely and voluntarily, without any inducement or coercion.

I certify that:

\_\_\_\_\_ I am over the age of majority (18 years of age or older in most states), or

\_\_\_\_\_ I have my parent's or legal guardian's consent as indicated below.

PARTICIPANT

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

DATE OF BIRTH: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

**IF THE PARTICIPANT IS A MINOR, THE PARENT OR GUARDIAN MUST READ AND SIGN BELOW:**

I am the parent or legal guardian of the above-named participant, and I agree that the participant may take part in the Program. I understand that transportation may be provided, and, in the event transportation is provided, I consent to the participant taking the bus, car or other vehicle provided. On behalf of the participant, I hereby irrevocably and unconditionally (1) agree to all of the terms of this Participant Release, and (2) authorize the Indemnified Parties to arrange for any necessary medical treatment for Participant. I agree to indemnify, defend, and hold harmless the Indemnified Parties for any claim arising out of or incident to the participant's. I also, for myself and on behalf of my heirs, estate, insurers, successors and assigns, hereby fully and forever release and discharge the Indemnified Parties from any and all claims or causes of action I may have for damages for personal or bodily injury, disability, death, loss or damage to person or property, whether arising from the negligence of any or all of the Indemnified Parties or otherwise, to the fullest extent permitted by law.

PARENT OR GUARDIAN

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE