

# INHALER OR AUTO-INJECTOR WAIVER 2020

## WHO SHOULD COMPLETE THIS FORM?

LWSRA requires any participants who may use an inhaler or auto-injector during LWSRA programs to complete this waiver. Please fill out this form annually and return to LWSRA. Forms may be filled in digitally in Adobe Reader and emailed to [support@lwsra.org](mailto:support@lwsra.org).



## PARTICIPANT INFORMATION (PLEASE PRINT)

First & Last Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Form is being completed by: \_\_\_\_\_ Relationship: \_\_\_\_\_

## 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 Lincolnway Special Recreation Association (LWSRA) .

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 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 LWSRA, including its officials, agents, volunteers and employees; except for claims arising out of the willful and wanton conduct of the LWSRA.

I further agree to protect, indemnify, save, defend and hold harmless LWSRA from and against any and all liabilities, obligations, claims, damages, penalties, causes of action, costs and expenses (including reasonable attorney fees) for which LWSRA 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 LWSRA.

## ACKNOWLEDGEMENT

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.

Parent/Guardian: \_\_\_\_\_  
signature

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