



Lake County Solid Waste Management District
2405 Calumet Avenue
Hammond, Indiana 46320
219-853-2420

WAIVER AND RELEASE
PROGRAM/FIELD TRIP: Minor Participant

As parent or guardian of the named minor participant of the Lake County Solid Waste Management District program/field trip (hereinafter “program”) and recognizing that there is a potential risk of physical injury to the participant and as consideration for the right to participate in the program, I hereby, for myself and the participant, each of our heirs, executors, administrators, assigns or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and assume the full risk of injuries or damages (including but not limited to property damage) or loss which may be sustained while participating in the program and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of the minor participant’s and/or my participation in the program, and do hereby release and forever hold harmless the Lake County Solid Waste Management District, located at 2405 Calumet Avenue, Hammond, IN 46320, its Board members, Committee members, Citizen Advisory Committee members, employees, independent contractors, agents, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical, mental, emotional or psychological injury, that the participant or I may suffer as a direct result of participation in the program, including traveling to and from the program. Furthermore, I agree to indemnify and hold harmless the Lake County Solid Waste Management District against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or the participant, or anyone on my or the participant’s behalf, including attorney’s fees and any related costs, if litigation arises pursuant to any claims made by me or the participant or by anyone else acting on my or the participant’s behalf. If the Lake County Solid Waste Management District incurs any of these types of expenses, I agree to reimburse the Lake County Solid Waste Management District.

I acknowledge that participation in this program is voluntary and that I have read this waiver and release and fully understand its content.

I hereby certify that I am the parent or guardian of the minor participant listed below, and do hereby give my consent without reservation to the foregoing on behalf of the participant.

Participant’s Name (please print): _____

Parent/Guardian Name: _____

Relationship to Minor: _____

Minor’s Age: _____

Signature: _____

Date: _____