

**ASSUMPTION OF RISK, WAIVER OF LIABILITY AND RELEASE**

I am voluntarily participating in an unpaid internship program (“Program”) with the Village of Oak Park’s (“Village”) Police Department. By signing below, I agree on behalf of myself and my heirs, assigns, executors and administrators, to release and hold harmless the Village and its officers, employees, volunteers, agents, and assigns, from any and all personal injuries, including death, property damages, losses, suits, costs (including reasonable attorneys’ fees), claims, damages, expenses, judgments, liabilities, or liens, arising directly or indirectly from my participation in the Program, unless the above mentioned injuries, damages or losses are the result of a willful or wanton act or conduct by the Village.

I recognize that the Program may include physical activity and that I may encounter natural and manmade hazards, environmental conditions, and other similar conditions. I affirmatively state that I am free from any known heart or other health problems that might prevent him or her from participating in any of the activities associated with the Program and that I am sufficiently physically fit to participate in Program.

I understand that health insurance coverage is not provided to me as part of my participation in the Program. I certify that I have medical insurance in amounts sufficient to cover the cost of any emergency or other medical care for me as a result of my participation in the Program. I affirmatively state that if I do not have medical insurance, I shall be personally responsible for the cost of any emergency or other medical care.

I shall comply with the Villages’ guidelines, rules, orders, directions, instructions and regulations regarding my participation in the Program and I waive any and all claims and causes of action resulting from my failure to follow said rules, orders, directions, instructions, and regulations. I attest that my participation in the Program is strictly voluntary and that I am participating at my own risk.

I have carefully read and understand this Assumption of Risk, Waiver of Liability and Release.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Print Name of Participant

\_\_\_\_\_  
Participant’s Date of Birth