

**RIVER BEND CUSD #2
1110 3RD STREET
FULTON, IL 61252**

**ACKNOWLEDGEMENT OF VOLUNTARY PARTICIPATION
OF DISTRICT EMPLOYEE**

Please read this form carefully and be aware in signing up for and participation in this voluntary recreational School District program, you are agreeing that your participation in this program is voluntary and that you will be releasing your employer from all claims for injuries you might sustain arising out of this program.

DESCRIPTION OF ACTIVITY _____

I have read and fully understand this Acknowledgment of Voluntary Participation Agreement. I further understand that any advisements or warnings of the particular risks of this program that I subsequently receive will be incorporated by reference into and become a part of this Agreement. I understand that participation or attendance in this Program is purely voluntary and recreational on my part, and not related to my employment; therefore my participation is not covered by the Illinois Workers Compensation Act pursuant to Section 11 of that Act. I agree that, by signing up for and participating in this Program, I am not being ordered or assigned to participate in this program, and that the School District is not requiring me to forgo any pay or lose any benefit if I were to refuse to attend or participate in this Program.

Participant's Name

Signature

Date