



---

**Waiver and Release of Liability  
Administer and Use of Epi-Pen**

By signing below I

---

agree to Waive and Release of any and all liability for Three Rivers Park District in the administration and use of the Epi-Pen. I agree to forever release and discharge Three Rivers Park District and its' employees and volunteers from any and all liability, claims, actions, rights of actions, damages, and expenses, including attorney expenses, arising out of or resulting from any injury, disease, or death in the use, failure to use or the administration of the Epi-Pen.

If my child can not administer the Epi-Pen themselves, I allow Three Rivers Park District staff to administer the Epi-Pen.

By signing this agreement, I have read and understand the terms of this agreement.

Child's Name

Parent/Guardian Signature

Printed Name

Date