



# SPECIAL ACCESS PERMIT WAIVER AND RELEASE FORM FOR ENTITIES

\_\_\_\_\_ agrees to assume the full risk of any injury, damage or loss, regardless of severity, resulting during my presence on the Forest Preserve District of Cook County property while rendering professional services in conjunction with the project described below.

\_\_\_\_\_ further agree to fully release the Forest Preserve District of Cook County, its commissioners, officers, agents and employees from any and all claims that I, or any representative on my behalf, may have or that may accrue or arise out of my presence on Forest Preserve District of Cook County property while rendering professional services, or conducting research or other activities that arise under the access permit.

\_\_\_\_\_ agrees to defend, hold harmless and indemnify the Forest Preserve District of Cook County and its commissioners, officers, agents and employees against any and all claims that I, or any other representative on my behalf, may seek to assert and arising out of or in any way associated with my presence on Forest Preserve District of Cook County property while rendering professional services, or conducting research or other activities that arise under the access permit.

\_\_\_\_\_ have read and fully understand this waiver and release of claim and indemnification. My fax or on-line signature shall substitute for and have the same legal effect as an original signature.

\_\_\_\_\_ agrees in signing this waiver and release of claim and indemnification, and agrees that signing this waiver and consent was voluntary and not based on or influenced by any representation of the Forest Preserve District of Cook County.

Description of Project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates of Project: \_\_\_\_\_

Authorized Organizational Representative Name (print): \_\_\_\_\_

Authorized Organizational Representative Title (print): \_\_\_\_\_

Signature of Individual: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Forest Preserve Permit Number: \_\_\_\_\_