

**WAIVER AND RELEASE OF LIABILITY FOR
USE OF FACILITY FOR VISITATION**

In consideration of the County of DuPage and DuPage County Family Center (the "Center") in the use of its facilities to enable me to engage in visitation on the Center's premises, I,

_____ (print name) agree as follows:

I agree that DuPage County and the Center are not managing or responsible in any way for the visitation sessions that will take place on the Center's premises.

I, on behalf of myself and my heirs, executors, administrators, attorneys and assigns, hereby agree to indemnify, save, hold harmless, waive, release, forever discharge and agree not to sue the Center and DuPage County, and each of its officials, officers, associates, employees, partners and agents, past, present, and future, and each of its successors and assigns from any and all known or unknown actions, causes of action, claims, damages, suits, obligations, agreements, attorneys' fees or any other liabilities of any kind whatsoever which have been or could be asserted against the Center or DuPage County arising out of or related to my use of the Center's facilities, included, but not limited to, personal injury, death, loss of or damage to property.

This Waiver and Release shall be effective upon execution and shall be valid throughout the course of my use of the Center's facilities for any visitation.

Name: _____

Birth date: _____

Address: _____

Witness Name (print)

Witness Signature

Date