

South Barrington Park District Registration Form

WAIVER, RELEASE OF CLAIMS AND HOLD HARMLESS AGREEMENT SOUTH BARRINGTON PARK DISTRICT - READ CAREFULLY

Please read this form carefully and be aware that, in participating in the program(s) below, you will be waiving and releasing all claims for injuries, arising out of this program that you or the participant might sustain. The terms "I", "me", and "my" also refer to parents or guardians, as well as the participant. In registering for the program you are agreeing as follows:

As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries including death, damages or loss which I may sustain as a result of participating, in any manner, in any and all activities connected with or associated with such program. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve subsequent risks of injury.

I agree to waive and relinquish any and all claims that I may have as a result of participating in the program against the SOUTH BARRINGTON PARK DISTRICT, any and all independent contractors, officers, agents, servants and employees of the governmental bodies and independent contractors, and any and all other persons and entities (released parties), of whatever nature that might be directly or indirectly liable for any injuries that I might sustain while participating in the program. I do fully release and discharge the SOUTH BARRINGTON PARK DISTRICT and any and all other released parties, from any and all claims resulting from injuries, including death, damages and losses sustained by anyone and arising out of, connected with or in any way associated with my conduct and the activities of the program.

I understand and agree that the terms such as "participation" "program" and "activities" referred to in this Agreement, include all exercise and physical movements of any nature while I am participating in the program and further include the provision of or failure to provide proper instructions or supervision, the use and adjustment of any and all machinery, equipment and apparatus, and anything related to my use of the services, facilities or premises involved in the program. 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 the nature of the program for which I am registering and have read and fully understand this Waiver, Release and Hold Harmless Agreement.

In the event of any emergency, I authorize the SOUTH BARRINGTON PARK DISTRICT and the released parties to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

If participant is under the age of 18, a parent or custodial parent or guardian MUST SIGN.

Facsimile signatures will be considered as originals by the District.

Waiver Signature: _____ Date: _____

Family Name		Date
Street Address	City	Zip Code
Home Phone	Other Phone	
Email address	Residency Status: <input type="checkbox"/> In District <input type="checkbox"/> Out of District	Membership Status: <input type="checkbox"/> Club Member <input type="checkbox"/> Non-Member <input type="checkbox"/> Daycare Member

The South Barrington Park District welcomes individuals with disabilities into programs. Please describe any accommodation needed for successful inclusion in the program(s): _____

Name of Participant	Age	Code	Program Name	Fee

There is a charge of \$10 for any changes to registration per class. See the Park District Brochure for cancellation procedures.

Payment Information		
<input type="checkbox"/> House Charge Account # _____	<input type="checkbox"/> Check # _____	<input type="checkbox"/> Cash
<input type="checkbox"/> Credit Card (Visa/MC/Amex): _____		
Expiration Date: ____ / ____ / ____	Card Identification Digit: ____	
Signature: _____		