REGISTRATION

Home Phone (___)_____

Family's Last Name:_____Head of Household:_____

Address:_____City:_____Zip:_____

E-Mail:_____Emergency/Cell:_____

Participant's Name	Last Name (if different)	Male or Female	Birth Date	Age	Program Code	Program	Fee

_____ Check here for individual with special needs.

The Park District of Forest Park does its best to accommodate those individuals with special needs.
If you need any special assistance, please inform us at least two weeks prior to the program.

TOTAL: $_____

IMPORTANT INFORMATION

The Park District of Forest Park is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Park District of Forest Park continually strives to reduce risks and insists that all participants follow safety rules and instructions that are designed to protect the participants safety. However, participants and parents/guardians of minors registering for the above-listed programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs. You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way, or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical a

WARNING OF RISK

Recreational programs/activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational program/activity. Understandably, not all hazards are dangers and injuries due to inclement weather, slipping, falling, poor skills level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating and all other circumstances inherent to indoor and outdoor recreational programs/activities exist. In this regard, it must be recognized that it is impossible for the Park District of Forest Park to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in the above-identified programs/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation services/vehicle operation, when provided.

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward of I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me and my child/ward) as a result of participating in these programs/activities against the Park District of Forest Park, including its officials, agents, volunteers and employees (herein collectively referred to as "Park District of Forest Park").

I do hereby fully release and forever discharge the Park District of Forest Park from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my child/ward and arising out of, connected with, or in any way associated with these programs/activities.

I have read and fully understand the above Important Information, Warning of Risk, and Waiver and Release of All Claims. If registering on-line or by facsimile, signature shall substitute for and have the same legal effect as an original signature. Participation will be denied if the signature of adult participant or parent/guardian and date are not on this waiver.

_____

Participant or Parent/Guardian Signature Date

Receipt #_____Cash/Check/Credit Card_____Date___/___/___Received By_____

Visa/Mastercard #_____Exp.Date_____Name_____VCode_____

Participation will be denied if the signature of adult participant/guardian and date are not on this waiver