

Medinah Park District

22W130 THORNDALE AVE. MEDINAH, IL 60157
(630) 893-2560 FAX (630) 893-0932

REGISTRATION/WAIVER

(Please print all information neatly and carefully)

Payee's Name _____ Payee's Birthdate _____

Address _____

City, State, Zip _____ E-mail _____

Home Phone () _____ Cell/Emerg. Phone () _____

Method of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card	<input type="checkbox"/> Visa	Card # _____	Exp. Date _____	SVC # _____
	<input type="checkbox"/> Master			
	<input type="checkbox"/> Discover	Name _____	Signature _____	
	(Please print as it appears on card)			

CODE #	PROGRAM NAME	FEE	PARTICIPANT'S NAME	BIRTHDATE	SEX	TRANS. #

TOTAL DUE \$ _____

Do you or your child need any accommodation, in accordance with the Americans with Disabilities Act, to effectively participate in the activity(s) above? Yes No

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

As a participant or parent/guardian of participant(s) in these program(s)/activities, I recognize and acknowledge that there are certain risks of physical injury, and I voluntarily agree to assume the full risk of any injuries, including death, damages or loss, regardless of severity, that I or my minor child/ward may sustain as a result of participating in any and all activities connected with and associated with such programs/activities held on or off Park District property (including transportation services/vehicle operation, when provided).

I further agree to waive and relinquish any and all claims I or my minor child/ward may have as a result of participating in these programs/activities (held on or off District property) against the Medinah Park District, including its officials, agents, volunteers, employees, independent contractors and servants (hereinafter collectively referred as "Medinah Park District").

I do hereby fully release and forever discharge and agree to indemnify, hold harmless and defend the Medinah Park District from any and all claims from injuries, including death, damages or losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of these program(s) (held on or off District property) or the transportation services.

I hereby authorize and give consent to the Park District to photograph/video my child or me, and without limitation, to use such photographs/video in connection with promoting/advertising the services, programs and facilities of the Park District, without consideration of any kind.

In the event of any emergency, I authorize District officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for me or my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above important information, warning of risk, assumption of risk, waiver & release of all claims and photo/video authorization.

SIGNATURE of Adult/Parent/Guardian 18 years of age or older.

*If registering via fax your facsimile signature shall substitute for and have the same legal effect as an original form signature.

Date _____