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 _____ **Family Name** _____

Address _____

City, State, Zip _____ **E-mail** _____

Home Phone ( ) _____ **Work/Emerg. Phone ( )** _____

Method of Payment
- ☐ Cash
- ☐ Check
- ☐ Credit Card

☐ **Visa**
☐ **Master Card**

Card # _____ Exp. Date _____

Name _____ Signature _____

(Please print as it appears on card)

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

TOTAL DUE

Do you Need Any Accommodation, in accordance with the Americans with Disabilities Act, to effectively participate in the activity above? Yes ☐ No ☐

Waiver & Release of all Claims

"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 my minor child/ward or I may sustain as a result of participating in any and all activities connected with or associated with such program(s)/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 child/ward may have as a result of participating in these program(s)/activities (held on or off Park District property) against the Medinah Park District, including its independent contractors, officials, agents, volunteers, servants, and employees".

"I do hereby fully release and forever discharge the Medinah Park District and its independent contractors, officials, agents, volunteers, servants, and employees 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 these program(s)/activities (held on or off Park District property) or the transportation services".

"I further agree to indemnify, hold harmless and defend the Park District and it's officers, agents, servants, and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me or my minor child and arising our of, connected with, or in any way associated with the activities of the program(s)".

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 Waiver & Release of all Claims.

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 _____