



Peotone Park District

Program Registration and Waiver

Program Name _____ **Start Date** _____

Program Fee _____ **Check** _____ **Cash** _____ **Venmo** _____

Participant Name: _____

Address: _____

City/state/zip: _____

Phone _____ **Email:** _____

Participant Age: _____ **Date of Birth:** _____

Emergency Contact _____

Emergency Contact Phone Number _____

Please read waiver below and sign

Please read this form carefully and be aware in registering for participation in this program, you will be waiving and releasing all claims for injuries you might sustain arising out of your participation in the program you have registered for.

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program and agree to assume the full risk of any injuries, damages or loss regardless of severity which I may sustain as a result of participating in any and all activities connected with or associated with this program.

I agree to waive and relinquish all claims I may have as a result of participating in this program against the District and its officers, agents, servants and employees. I do hereby fully release and discharge the District and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I may have or which may accrue to me and arising out of, connected with or in any way associated with the activities of the program. As a participant in a program or activity of the District, I hereby grant the District permission to use my or my image, video form, or voice in photographs, videotapes, Internet website or other materials prepared or released by the District from time to time, for promotional, safety or instructional purposes. I understand that such materials will be used and shown in whole or in part as the District sees fit. By this permission and release, I hereby release and discharge the District, its officers, employees and agents from any and all claims or actions resulting from the use of such materials by the District.

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 my immediate care and agree that I will be responsible for payment of any and all medical services.

I have fully read and fully understand the above Program Details, Waiver and Release of All Claims and Permission to Secure Treatment.

Signature: _____ Date: _____