

PROGRAM REGISTRATION FORM

Clarendon Hills Park District • 315 Chicago Avenue, Clarendon Hills, IL 60514

If mailing this form, please make checks payable to Clarendon Hills Park District.

PLEASE PRINT

Date: _____

Last Name: _____ First Name (Parent): _____

Street Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail Address: _____

Emergency Contact: _____ Phone: _____

Does the Participant have any allergies or medical conditions that we should be aware of? ☐ Y ☐ N If Yes, Please Explain _____

Does the participant need special assistance or accommodations to participate in programs? ☐ Y ☐ N

Code	Program Title	Participant's Name	Fee

"I would like to make a donation to the family scholarship program" ☐ \$5 ☐ \$10 ☐ \$25 ☐ Other _____

Payment Method: ☐ CHECK # _____ ☐ CASH ☐ CREDIT (Visa, Mastercard)

TOTAL

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware that in registering and participating in this program/activity, you will be 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 this program/activity including transportation services when provided.

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any injuries, (including death), damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s). I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program(s) 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, (including death), damage or loss which I or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program(s).

I further agree to indemnify and hold harmless and defend the District and its 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/ward arising out of, connected with, or in any way associated with the activities of the program(s).

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

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

THIS WAIVER MUST BE SIGNED BY ALL ADULTS 18 YEARS OLD AND OVER.

Signature of Participant or Parent/Guardian

Date

Print Name

It is mutually understood that a FAXED registration document (including waiver and release of all claims) shall substitute for and have the same legal effect as the original form. Our fax number is (630) 323-5362. Payment is required to reserve a spot. This fax does not reserve you a spot until payment is received.

PHOTO/VIDEO POLICY

Photos and video footage are periodically taken of people participating in a Park District program or activity, attending a class or event, or using District facilities or property. Please be aware that by registering for a program or class, participating in an activity, attending an event, or using District facilities or property, you authorize the District to use these photos and video footage for promotional purposes in District publications, advertising, marketing materials, brochures, event flyers, social media (including Facebook, YouTube, Instagram, Twitter, and other social media sites operated by the District), and the District's website without additional prior notice or permission and without any compensation to you. All photos and videos are property of the District.

PROGRAM IDEAS

List below:

