

LINCOLNWOOD PARKS & RECREATION

REGISTRATION FORM

6900 N. Lincoln Avenue * Lincolnwood, IL 60712 PHONE (847) 677-9740 FAX (847) 673-4413

Visit our Website at www.lincolnwoodil.org

Family Name _____ Payer's Name _____ Date _____

Address _____ City _____ Zip _____

Business/Day Phone Number (_____) _____ Home Phone Number (_____) _____

Emergency Phone Number (_____) _____ Emergency Name/Relation _____

E - Mail Address: _____

Program #	Program Name	Participant's Name	Sex	Birthdate	Age	Current Grade	Fee

Does the participant require any assistance or special accommodation to effectively participate and/or enjoy the program? (Please circle) YES NO
If you circled yes, a member of our staff will contact you to make the necessary arrangements.

Please indicate your choice of payment: _____ Check # _____ _____ Cash _____ Visa _____ Mastercard

(MAKE CHECKS PAYABLE TO "VILLAGE OF LINCOLNWOOD")

NOTE: Only registrations paid by credit card are accepted by FAX. When registering by FAX, it is mutually understood that the facsimile registration documents (including the waiver & release of all claims) shall substitute for and have the same legal effects as the original form.

Expiration Date: _____ Credit Card # _____

Print Name (As it appears on card): _____

Signature: _____

PARTICIPANT'S WAIVER, RELEASE AND HOLD HARMLESS AGREEMENT

As a participant (or as the parent or guardian of a participant under age 18) in the Lincolnwood Parks and Recreation Department program(s) I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, including death, damage or loss which I may sustain as a result of participating, in any manner, in any and all activities associated with the program(s). I also recognize and acknowledge that all program activities involving strenuous exertion or body contact are hazardous recreation activities which involve substantial risk of injury to a participant. Further, I understand that this Agreement encompasses all exercises and physical movements of any nature undertaken the program(s), the use and adjustment of any and all machinery, equipment, apparatus and anything related to my use of the services, facilities or premises involved in the program(s) as well as the provision of or failure to provide instructions or supervision.

I hereby agree to waive and relinquish any and all claims that I may have, due to participating in the program(s), including any claims for negligence or any other unintentional conduct against the Village of Lincolnwood, and any and all other participating or cooperating governmental units, independent contractors, officers, agents, servants and employees of the governmental units and independent contractors, and any and all other persons and entities that might be directly or indirectly liable for any injuries that I might sustain while participating in the program(s). I hereby fully release and discharge the Village of Lincolnwood and the above mentioned other persons and entities from any and all claims for injuries, including death, damage or loss that I may have or that may accrue to me because of my participation in the program(s). I also hereby agree to indemnify, hold harmless and defend the Village of Lincolnwood and all other persons and entities mentioned above from any and all claims resulting from injuries, including death, damages and loss sustained by anyone, which arise out of or are in any way associated with my conduct and the activities of the program(s).

I understand the nature of the program(s) for which I am registering and have read and fully understand this Waiver, Release and Hold Harmless Agreement. I further understand and agree that any advertisements or warnings of the particular risks of the program(s) that I subsequently receive will be incorporated herein by reference and become a part of this Agreement.

Participant or Parent / Guardian Signature

(If participant is under the age of 18)

Date

Office Use Only - Processed By: _____ Date _____ Amount _____