

# REGISTRATION FORM

## Deck the Depot - Resident Only Event

### PARTICIPANT INFORMATION

Parent/Guardian Name \_\_\_\_\_

Street Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_

LAST NAME:

Describe any known food restrictions, allergies, or current health conditions that will affect participation:

Check if you need accommodation, in accordance with the ADA, to effectively participate in any programs. (3-week notice required)

Describe requested accommodation:

FAMILY - ALL PARTICIPANTS NAMES (ADULTS & KIDS) (MAX 6 GUESTS PER FAMILY)	PARTICIPANT'S ADDRESS	PHONE	BIRTHDATE MM/DD/YY	AGE	FEE \$20 EACH	OFFICE USE

### PAYMENT INFORMATION

Credit Card     Check     Cash

TOTAL REMITTANCE DUE \$ \_\_\_\_\_

### WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware in registering yourself or your minor child/ward for participation in the above program/programs, you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of your participation in the program/programs you have registered for.

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, 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), including transportation services and vehicle operations, when provided.

I agree to waive and relinquish all claims my minor child/ward or I may have as a result of participating in the program against the River Forest Park 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 or my minor child/ward may have or which may accrue to me 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, damages and losses sustained by me or my minor child 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 District officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my child/ward's immediate care and agree that I will be responsible for payment of any/all medical services rendered.

As a participant in a program or activity of the District (or as the parent or guardian of a participant), I hereby grant the District permission to use my or my child's 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.

Supplied email addresses will be shared with program instructors and coaches.

When registering online at the River Forest Park District, it is mutually understood that the online signature and registration document (including the Waiver and Release of All Claims) shall substitute for and have the same legal effect as the original form signature.

I have read, understand and agree to the terms of the River Forest Park District Cancellation and Refund Policy. I have read and fully understand the above Program Details, Waiver and Release of All Claims and Permission to Secure Treatment.

The River Forest Park District does not carry accident or hospitalization insurance on any program participant. It is recommended that participants review their own personal insurance policy for adequate coverage during all program activities.

I have read the program waiver stated on the back and understand that my signature is required in order to participate in any program.

Participant Signature (or Parent's Signature if participant is under 18 years)

Date

Signature MUST be included for Registration Form to be processed.