

phone 630-662-6220
 fax 630-662-9239



Please print clearly and fill out completely

Main Contact: _____

Address: _____ Cell Phone: _____

City: _____ Zip: _____ Home Phone: _____

E-mail Address: _____ Emergency Phone: _____

The Following Section Must Be Completed in Full

Class Code	Program Title	Participant's Name	M/F	Date of Birth	Fee

Registration Payment Method: *A Check Payable to Pleasant Dale Park District* # _____ Cash _____

Visa MC Disc Amex Card Number _____ Exp. _____

PROGRAM WAIVER & RELEASE

The Pleasant Dale Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Pleasant Dale Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs. You are solely responsible for determining if you or your minor child/ward is physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK Recreational activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks, dangers and injuries may exist due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and other risks inherent to the particular activity. In this regard, it is impossible for the Pleasant Dale Park District to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and 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 and vehicle operations, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. It is fully understood and agreed that participant shall fully defend, indemnify and hold harmless the Pleasant Dale Park District, including its officers, employees, volunteers and agents against any and all liabilities, claims, damages, losses, costs and expenses arising indirectly or directly in connection with or under, or as a result of participation in this program. I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

PHOTO INFORMATION Pleasant Dale Park District reserves the right to photograph or videotape participants in its programs at its facilities. These photos or videos are strictly for Pleasant Dale Park District use and may appear in promotional materials.

FOR INDIVIDUALS WITH A DISABILITY WHO WISH TO REGISTER IN A GENERAL PARK PROGRAM, PLEASE DESCRIBE ANY ACCOMMODATIONS NEEDED:

Parent or Guardian Signature (If participant is under 18)

Date

Participant signature (if over 18)

Office Use: Initial _____ Date _____