Program Registration Form PROSPECT HEIGHTS PARK DISTRICT

Family Last Name _____ Parent/Guardian _____

Address _____ City _____ Zip _____

Home # _____ Work # _____ Cell # _____

Check if you need special accommodations to participate in this program ☐ Email (optional) _____

☐ RESIDENT ☐ PARTNER RESIDENT ☐ NON-RESIDENT ☐ SCHOOL DISTRICT #23 Fax registration at 847-394-8490

CLASS CODE	PROGRAM TITLE	PARTICIPANTS NAME	SEX	AGE	BIRTH DATE	FEE
					Total Fees	

METHOD OF PAYMENT:

☐ Cash ☐ MasterCard
☐ Check ☐ Visa
#_____ ☐ Discover

Driver's License #_____

Name _____ Exp. Date _____
(as it appears on card)

Card Number _____

REMIT TO:
Prospect Heights Park District
110 W. Camp McDonald Rd.
Prospect Heights, IL 60070

Would you like to donate $1 to support Prospect Heights Free Summer Events? ☐ YES ☐ NO

OFFICE USE ONLY: DATE INITIALS TOTAL

WAIVER AND RELEASE - WARNING OF RISK

Recreational activities/programs 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 risk of serious injury when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slipping , falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating and all other circumstances inherent to indoor and outdoor recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the Prospect Heights Park District to guarantee absolute safety.

Please read this form carefully and be aware that in signing up and participating in the listed programs/activities, you will be expressly assuming the risk and legal liability and waiving all claims for injuries, damages or loss that you or your minor/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services/vehicle operation, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in the listed programs/activities, 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. I further agree to waive and relinquish all claims I or my minor child/ward may have (or occur to me or my child/ward) as a result of participating in this program/activity against the Prospect Heights Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred to as 'Prospect Heights Park District'). I do hereby fully release and forever discharge the Prospect Heights Park District from any and all claims for injuries, damages or loss that my minor child/ward or I may have or which may occur to me or my minor child/ward and arising out of, connected with, or in any way associated with the listed programs/activities. I have read and fully understand this important information, warning of risk, assumption of risk and waiver and release of all claims. If registering via fax, your facsimile signature shall substitute for and have the same legal effect as an original signature. On occasion, the district staff may take pictures of participants in our programs, classes or events; or of people in the district's parks. Please be aware that these pictures are only for Park District use, most likely for use in future catalogues, brochures, pamphlets, posters and flyers.

Signature _____