

# ZION REGISTRATION

This form is used to register for ZION Park District programs ONLY. Please return this completed registration form to 2400 Dowie Memorial Drive, Zion, IL 60099. All checks need to be payable to the Zion Park District. *For all programs hosted by Waukegan Park District, please fill out their registration form.*

Household / Payor Name		Payor Birthdate	
Street Number and Name			Apt / Suite #
City		State	Zip
Primary Phone Number		Secondary Phone Number	
Emergency Contact Person		Emergency Phone	Email
Participant's Name (First & Last)	Birthdate	Program Name	Fee
<b>Total Requested</b>			<b>\$</b>

## IMPORTANT INFORMATION

The Special Recreation Services of Northern Lake County and its member districts are committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Special Recreation Services of Northern Lake County 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 the listed programs/activities 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 are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

## 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 a 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 Special Recreation Services of Northern Lake County 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 the identified programs/activities, 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 said programs/activities (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in these 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 accrue to me or my child/ward) as a result of participating in these programs/activities against the Special Recreation Services of Northern Lake County including Waukegan and Zion Park Districts, its officials, agents, volunteers and employees (hereinafter collectively referred as SRSNLC).

I do hereby fully release and forever discharge the SRSNLC from any and all claims for injuries, damages, or loss that my minor child/ward or I 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 these programs/activities.

I further agree to indemnify, hold harmless and defend the SRSNLC and its officers, agents, servants and employees from any and all claims associated with the activities of this program.

In the event of an emergency, I authorize SRSNLC Staff to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my minor child/ward and agree that I will be responsible for the payment of any and all medical services rendered.

I have read and fully understand the above important information, warning of risk, assumption or risk and waiver and release of all claims. If registering on-line or via fax, your on-line or facsimile signature shall substitute for the and have the same legal effect as an original form signature.

**PARTICIPATION WILL BE DENIED - If the signature of adult participant or parent/guardian and date are not on this waiver.**

Parent / Adult Guardian Signature

Date

Participant Signature (Participant must sign if they are their own legal guardian)

Date