



**WAUKEGAN PARK DISTRICT**  
**2017 Summer Day Camp Registration Form**  
**Special Recreation TNT Summer Day Camps**



13-22 years old with an intellectual disability

**\*Waukegan Park District Residents take precedence in registration. All Non-residents will be put on a waiting list for ALL CAMPS until June 5. After this date, no-residents can be added into any openings on a first come first serve basis. All registration paperwork and deposits must be completed at the time of registration.**

**Camper Name:** \_\_\_\_\_

<b>TNT Camp AGES: 13-22 Developmental Disabilities 9:00 am – 5:00pm</b>			
<b>Belvidere Recreation Center</b>			
<b>*No Camp on Tuesday, July 4</b>			
<b>Session</b>	<b>Dates</b>	<b>Program #31102303 - Fee</b>	<b>Select</b>
1A	6/19-6/30	\$192R /\$288 NR	<input type="checkbox"/>
2A	7/3-7/14	\$192R /\$288 NR	<input type="checkbox"/>
3A	7/17-7/28	\$192R /\$288 NR	<input type="checkbox"/>
<b>1B</b>	Select sessions of interest above.	Non-Resident Waitlist if registering before June 5	<input type="checkbox"/>

**Please check the appropriate box regarding whether your child can swim:**

\_\_\_\_\_ Yes, registrant is a swimmer, \_\_\_\_\_ No, registrant is not a swimmer but can go under water,

\_\_\_\_\_ No, registrant is just comfortable but has no swim skills, \_\_\_\_\_ No, registrant has a fear of water

**This Registration Form & Deposit, along with the following items MUST be completed and turned in to the Waukegan Park District by the Registration deadline of June 4.**

- ☐ Annual Information Form
- ☐ Participant Identification Form
- ☐ Medical Information Form
- ☐ Permission to Dispense Medication Waiver and Release of All Claims
- ☐ Seizure Form (For campers with a history of seizures.)

**Camper Pick-up Authorization**

Please list everyone authorized to pick-up your child from camp. This includes parents! Your child will only be released to those individual(s) on this list. Government ID is required at pick-up. If you need to add or remove a person from this list you may do so at any time in writing.

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Phone: \_\_\_\_\_

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I authorize this child to participate in the Waukegan Park District Summer Day Camp Program and any on-site and off-site activities that are included. \_\_\_\_\_ (Initials)

I agree to pay any payment balances and fees by the deadlines set forth in the Waukegan Park District (WPD) Brochure. I understand that failure to make payments on time or violations of any procedures set forth in the WPD Brochure can result in forfeit of my deposits and any reserved spaces in the WPD Summer Camps. \_\_\_\_\_ (Initials)

### **Important Information**

The Waukegan Park District (hereinafter referred to as WPD) is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in the highest possible regard. The WPD 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 parent/guardians of minors registering for the below 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.

All persons registered for WPD programs thereby agree that any photographs or video taken by the WPD may be used by WPD for the promotional purposes including, but not limited to, posting the photograph/video on the WPD website, and/or its promotional videos, brochures, fliers, and other publications without additional, prior notice or permission and without compensation to the participant.

### **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, premise 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 WPD to guarantee absolute safety.

### **Assumption of Risk, Waiver and Release of all Claims, Indemnification and Hold Harmless**

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 any and all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in these 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 my minor child/ward or I may have (or accrue to me or my child/ward) as a result of participating in any and all programs/activities against the WPD, including its officials, agents, volunteers, independent contractors, instructors and employees.

I further agree to indemnify, hold harmless and defend the WPD 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 Park District 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 of risk, waiver and release of all claims, and indemnification and hold harmless. 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.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_





# Annual Information Form 2017

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Sex: ☐ Male ☐ Female  
T-Shirt Size: ☐ Youth ☐ Adult ☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ 2XL ☐ 3XL Shoe Size: \_\_\_\_\_  
School/Workshop: \_\_\_\_\_ Teacher/Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Guardian Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Primary Phone Number: \_\_\_\_\_ ☐ Home ☐ Cell ☐ Work  
Secondary Phone Number: \_\_\_\_\_ ☐ Home ☐ Cell ☐ Work  
**Emergency Contact:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
Primary Phone Number: \_\_\_\_\_ ☐ Home ☐ Cell ☐ Work  
Secondary Phone Number: \_\_\_\_\_ ☐ Home ☐ Cell ☐ Work  
Participant is Own Guardian? ☐ Yes ☐ No  
Participant is independent and does not require supervision at conclusion of program/drop off. ☐ Yes ☐ No  
If over 21 years, can individual consume alcohol? ☐ Yes ☐ No Quantity: \_\_\_\_\_

## Photo / Video Authorization and Consent & Emergency Treatment Permission:

I hereby authorize and give my consent to SRSNLC to photograph/video my child (or me), and without limitation, to use such photographs/video in connection with promoting/advertising the services, programs, and facilities of SRSNLC, including, but not limited to its website, Facebook page, promotional materials, brochures, fliers and other publications without consideration of any kind. I have read and fully understand the above photo/video authorization and consent.

I acknowledge that SRSNLC does not carry medical insurance. My family's own health insurance must assume responsibility in the event of injury. I understand that every precaution is taken to protect the safety of every participant. I agree to emergency treatment by a physician or hospital in the event that I cannot be reached. I hereby acknowledge that the above information is accurate and I understand that it is my responsibility to inform the SRSNLC staff of any changes in the above information.

Medical Insurance Company: \_\_\_\_\_ Policy Number \_\_\_\_\_  
Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

☐ I DO NOT authorize or give photo consent

## INDIVIDUALS DISABILITY INFORMATION

Primary Disability \_\_\_\_\_  
Secondary Disability \_\_\_\_\_

If **Down Syndrome**, has participant been tested for atlanto axial instability? ☐ Yes ☐ No ☐ N/A

Does your participant have atlanto axial instability? ☐ Yes ☐ No ☐ N/A

**Not all personal care needs can be met by SRSNLC. Please contact your local office when requesting personal care needs.**

## HEALTH INFORMATION

Does participant have seizures? ☐ Yes ☐ No If Yes, please complete the SRSNLC Seizure Questionnaire. Even if there has been a past history of seizures.

Does the participant have asthma? ☐ Yes ☐ No Comments: \_\_\_\_\_

Allergies ☐ Food allergies Comments: \_\_\_\_\_  
☐ Medication allergies Comments: \_\_\_\_\_  
☐ Other allergies Comments: \_\_\_\_\_

Does participant carry/use an Epi-pen? ☐ Yes ☐ No

## DIETARY INFORMATION

Does participant require assistance eating or drinking? ☐ Yes ☐ No Comments: \_\_\_\_\_

• have any food restrictions? ☐ Yes ☐ No Comments: \_\_\_\_\_

• have any food dislikes? ☐ Yes ☐ No Comments: \_\_\_\_\_

• have any specific food likes? ☐ Yes ☐ No Comments: \_\_\_\_\_

• is participant Diabetic? ☐ Yes ☐ No Comments: \_\_\_\_\_

If yes, participant must independently administer insulin.



## BEHAVIOR INFORMATION

Does participant display unusual fears? ☐ Yes ☐ No Comments: \_\_\_\_\_

• comply with verbal requests? ☐ Yes ☐ No Comments: \_\_\_\_\_

• respond to specific directions? ☐ Yes ☐ No Comments: \_\_\_\_\_

• have any known situations that cause behavior if presented? ☐ Yes ☐ No Comments: \_\_\_\_\_

What actions are to be taken if a particular behavior is presented? Comments: \_\_\_\_\_

• respond to any reinforcement devices? ☐ Yes ☐ No Comments: \_\_\_\_\_

• respond to any behavior improvement techniques? ☐ Yes ☐ No Comments: \_\_\_\_\_

Please check all that apply ☐ Short attention span ☐ Easily distracted ☐ Hyperactivity

☐ Hyperactivity☐ Verbal aggression☐ Physical aggression towards others

List other behavioral concerns here \_\_\_\_\_

## SAFETY INFORMATION

Is participant capable of saying name: ☐ Yes ☐ No

Does participant wander/run from group? ☐ Yes ☒ No ☐ Sometimes

Can participant manage own money? ☐ Yes ☐ No ☐ Sometimes

Can participant recognize danger? ☐ Yes ☐ No ☐ Sometimes

Does participant need assistance toileting: ☐ Independent ☐ Monitor ☐ Diapering ☐ Other \_\_\_\_\_

Swimming ☐ Swims independently ☐ Can swim a little ☐ Cannot swim at all ☐ Extreme fear of water☐ Other \_\_\_\_\_

## MOBILITY & COMMUNICATION INFORMATION

## Mobility:

Can participant walk independently: ☐ Yes ☐ No

☐ Use a Wheelchair      ☐ Manual      ☐ Electric☐ Transfers independently      ☐ Yes      ☐ No☐ Use orthopedic equipment    ☐ Walker    ☐ Stroller    ☐ Cane    ☐ Canadian Crutches

**Communication Needs**

☐ Verbal    ☐ Non-Verbal    Hearing Aid: ☐ Right Ear    ☐ Left Ear

☐ Independent Communication    ☐ Assisted/Facilitated Communication    ☐ Uses Sign Language

Uses communication system ☐ PECS ☐ Picture ☐ Schedule ☐ Talker

## MEDICATION INFORMATION

Does the participant receive any medication (over the counter and/or prescription)? ☐ Yes ☐ No

Medication	Dosage	Time	Purpose	Side Effects
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# WAUKEGAN PARK DISTRICT

## PERMISSION TO DISPENSE MEDICATION WAIVER AND RELEASE OF ALL CLAIMS

(If more than three medications per participant, complete another form.)

**Reference:**

Participant name \_\_\_\_\_

Program participating in: \_\_\_\_\_

The Waukegan Park District (WPD) will not dispense medication to a minor child or other participant until the *Permission To Dispense Medication/Waiver and Release of All Claims Form* have been fully completed by a parent or guardian and *Annual/Participant Information Form* is updated as needed. The agency's internal procedures on dispensing medication are available for review.

This permission will be in effect from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

I, \_\_\_\_\_, the parent/guardian of  
(Print Parent/Guardian Name)

\_\_\_\_\_, give permission to the  
(Print Participant Name)

staff of the WPD to administer the following medication(s) to my child according to the Dose Instructions listed on page two.

I understand it is my responsibility to give only daily doses or amount for program activity, of the medication directly to the program staff in original prescription containers with the following information:

- Participant's name
- Name of medication
- Complete dosage instructions (amount and time of day)

If temporary containers must be used, see guidelines in procedures and allow a minimum of 3 business days prior to program to complete the approval process.

I understand that, if there is any discrepancy between the instructions I have written on this waiver and the prescription label, WPD staff will not dispense the medication until a parent/guardian or physician can be reached. If medication is needed for an emergency situation, I understand that the dispensing instructions used will be those from the original prescription container.

In all cases the recommended dosage of medication on original prescription container will not be exceeded, when administered by staff. If after administering medication, there is an adverse reaction, I give my permission to the WPD to secure medical treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.

I recognize and acknowledge that there are certain risks of physical injury in connection with the administration of medication to my minor child. Such risks include but are not limited to, failing to properly administer medication, failing to observe side effects, failing to assess and/or recognize adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services.

In consideration of the WPD administering medication to my child, I do hereby fully release or discharge the WPD, and its officers, agents, volunteers, and employees from any and all claims from injuries, damages, or losses I or my minor child will have (or accrue to me or my minor child) and arising out of, connected with, incidental to, or in any way associated with the administering of medication.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

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### DOSE INSTRUCTIONS

**Medication:** \_\_\_\_\_

Dose \_\_\_\_\_ Time \_\_\_\_\_

Dispensing Instructions: \_\_\_\_\_

Storage Instructions: \_\_\_\_\_

**Medication:** \_\_\_\_\_

Dose \_\_\_\_\_ Time \_\_\_\_\_

Dispensing Instructions: \_\_\_\_\_

Storage Instructions: \_\_\_\_\_

**Medication:** \_\_\_\_\_

Dose \_\_\_\_\_ Time \_\_\_\_\_

Dispensing Instructions: \_\_\_\_\_

Storage Instructions: \_\_\_\_\_

**WAUKEGAN PARK DISTRICT  
MEDICAL INFORMATION FORM**

**Program:** \_\_\_\_\_

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**General Information**

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Doctors Name: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

(other numbers on the Emergency Contact form can be referenced)

In order for your child to have the best possible program experience, it is helpful for us to know if your child has ADD, ADHD, BD, learning disability, asthma, seizures, food allergies or anything else, which might affect his/her experience. Please disclose this type of information at your discretion.

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**Medication Information**

Information on medications to be administered to the participant during program hours is required. In case of an emergency, it is also helpful to list any medication the participant receives on a regular basis but it is not mandatory that you share this information.

1. Name of Medication: \_\_\_\_\_ Dispensed by: \_\_\_staff \_\_\_guardian

Reason for medication: \_\_\_\_\_

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Possible side effect: \_\_\_\_\_

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2. Name of Medication: \_\_\_\_\_ Dispensed by: \_\_\_staff \_\_\_guardian

Reason for medication: \_\_\_\_\_

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Possible side effect: \_\_\_\_\_

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(Continued on Back)

3. Name of Medication: \_\_\_\_\_ Dispensed by: \_\_\_\_staff \_\_\_\_guardian

Reason for medication: \_\_\_\_\_

\_\_\_\_\_

Possible side effect: \_\_\_\_\_

\_\_\_\_\_

If a medication needs to be administered by Waukegan Park District staff, a 'Permission to Dispense Medication' form must be completed for each medication needing to be dispensed. In all cases, medication dispensing can only be administered, changed or modified by completing a 'Permission to Dispense Medication' form.

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**Other Information** \_\_\_\_\_

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**Acknowledgement**

I hereby acknowledge that the above information is accurate and I understand that it is my responsibility to inform the Waukegan Park District of any changes in the above information.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



# **SRSNLC-Waukegan**

## **Participant Identification Form**

**\*\*Staff will add a photo on the first day of camp.\*\***

**Please fill out all information below:**

<b>Participant's Full Name</b>	
<b>Date of Birth</b>	
<b>Age</b>	
<b>Height &amp; Weight</b>	
<b>Eye Color</b>	
<b>Hair Color</b>	
<b>Distinguishing Marks (Freckles, Birth Marks, Scars, Etc.)</b>	
<b>Names (nicknames) that they answer to:</b>	

# **Participants Photo**



**Waukegan Park District**  
**ROCK CLIMBING/RAPPELLING WAIVER & RELEASE**

**IMPORTANT INFORMATION**

The Waukegan 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 Waukegan Park District continuously strives to reduce risks and insists that all participants follow safety rules and instructions that are designed to protect the participant's safety. However, participants and parents/guardians of minors registering for this activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, suffers from an underlying medical condition, takes medication, smokes, has a family history of coronary disease, or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

Rock climbing/rappelling is a dangerous sport. Never engage in horseplay while climbing. Do not climb directly behind another climber. Do not begin a climb unless you are prepared mentally and physically and do not climb beyond your strength or skill. Test all handholds and footholds. Be extremely careful not to dislodge holds that may fall on someone below you. Study your route carefully and ensure that you have all the necessary climbing equipment before you start.

**WARNING OF RISK**

Rock climbing/rappelling is an activity which challenges and engages the physical, mental and emotional resources of each participant. However, despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury, including death. Understandably, not all hazards and dangers can be foreseen. The very nature of rock climbing/rappelling is hazardous and risky, including but not limited to overexertion, slip and falls, loose and/or damaged holds, being fallen on by other users, belay and/or belayer failure, lack of good physical conditioning, inadequate or defective equipment, inadequate instruction or supervision, poor technique, carelessness, horseplay, premises defects, aggravation of existing known and unknown physical conditions, environmental hazards in an outdoor setting, and all other circumstances inherent to rock climbing/rappelling. In this regard, it must be recognized that it is impossible for the Waukegan 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. 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 this program/activity against the Waukegan Park District, including its officials, agents, volunteers and employees (hereinafter referred to as WPD).

I do hereby fully release and forever discharge the WPD 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 WPD from any and all claims associated with the activities of this program.

In the event of an emergency, I authorize Park District Staff to secure from a licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or 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, waiver and release of all claims and assumption of risk. If registering online or via fax, my online or facsimile signature shall substitute for 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.**

**Minor Participant's Printed Name** \_\_\_\_\_

**Adult Participant/Guardian's Printed Name:** \_\_\_\_\_

**Adult Participant/Guardian's Signature:** \_\_\_\_\_  
(18 years or older or Parent/Guardian)

**Date** \_\_\_\_\_





**Waukegan Park District**  
**CANOE PROGRAM WAIVER & RELEASE**

**IMPORTANT INFORMATION**

The Waukegan 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 Waukegan Park District continuously strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participant's 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 outdoor recreational activities.

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**

Canoeing is 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, including drowning. Understandably, not all hazards and dangers can be foreseen. Certain risks include, but are not limited to, dangerous weather and water conditions such as rapids, deep or cold water, above water and submerged rocks and obstacles, hydraulics, strainers and ledges, acts of God, and insect bites. Other risks include capsizing, being pinned between rocks, logs or trees, hypothermia, sunburn, heatstroke, dehydration, inadequate supervision or instruction, horseplay and carelessness, poor canoeing technique or swimming skills, loss of balance, collision with other canoes or stationary objects, paddling the canoe in waters too difficult for the canoeist's capability, inadequate or defective equipment, and failure to wear a personal flotation device or other safety equipment. In this regard, it is impossible for the Waukegan 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. 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 this program/activity against the Waukegan Park District, including its officials, agents, volunteers and employees (hereinafter referred to as WPD).

I do hereby fully release and forever discharge the WPD 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 WPD from any and all claims associated with the activities of this program.

In the event of an emergency, I authorize Park District Staff to secure from a licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or 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, waiver and release of all claims, and assumption of risk. If registering online or via fax, my online or facsimile signature shall substitute for 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.

**Minor Participant's Printed Name** \_\_\_\_\_

**Adult Participant/Guardian's Printed Name:** \_\_\_\_\_

**Adult Participant/Guardian's Signature:** \_\_\_\_\_  
(18 years or older or Parent/Guardian)

**Date** \_\_\_\_\_





**Waukegan Park District**  
**ARCHERY PROGRAM WAIVER & RELEASE**

**IMPORTANT INFORMATION**

The Waukegan 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 Waukegan Park District continuously strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participant's safety. However, participants and parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in recreational programs/activities.

You are solely responsible for determining if you or your minor child/ward are 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 recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

**WARNING OF RISK**

Archery is 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. Understandably, not all hazards and dangers can be foreseen. The very nature of archery is hazardous and risky. Inherent risks include, but are not limited to, getting hit by an arrow, self-inflicted wounds, improper shooting technique, carelessness of other archers, lack of proper protection, poor range conditions, poorly selected and maintained equipment, lack of conditioning, horseplay, carelessness, poor pulling technique, splintering of the arrow, inadequate supervision or instruction, premises defects, and other risks inherent to archery. In this regard, it is impossible for the Waukegan 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. 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 this program/activity against the Waukegan Park District, including its officials, agents, volunteers and employees (hereinafter referred to as WPD).

I do hereby fully release and forever discharge the WPD 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 WPD from any and all claims associated with the activities of this program.

In the event of an emergency, I authorize Park District Staff to secure from a licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or 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, waiver and release of all claims and assumption of risk. If registering online or via fax, my online or facsimile signature shall substitute for 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.

**PLEASE PRINT**

**Date of Activity:** \_\_\_\_\_ **Archery Activity:** \_\_\_\_\_

**Minor Participant's Name(s)** \_\_\_\_\_,  
(List names of all minors under same guardian)

**Guardian's Printed Name:** \_\_\_\_\_

**Guardian's Signature:** \_\_\_\_\_  
(18 years or older or Parent/Guardian)

**Date:** \_\_\_\_\_

