

**FRANKFORT SQUARE PARK DISTRICT
PROGRAM WAIVER & RELEASE**

IMPORTANT INFORMATION

The Frankfort Square 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 Frankfort Square 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 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 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 Frankfort Square 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 Frankfort Square Park District, including its officials, agents, volunteers and employees.

PHOTO/VIDEO POLICY

I understand that photos and videos are periodically taken of people participating in Frankfort Square Park District programs and activities, and I agree that any photograph or video taken by the park district of me or my minor child/ward while participating in a park district program or activity may be used by the park district for promotional purposes, including its electronic media, videos, brochures, flyers, and other publications without additional prior notice, permission, or compensation to the participant.

I have read and fully understand the registration policies, the above important information, warning of risk, photo/video policy, 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.

PLEASE PRINT

Participant's Name _____ Date _____

Participant's Signature _____
(18 years or older or Parent/Guardian)

PARTICIPATION WILL BE DENIED

If the signature of adult participant or parent/guardian and date are not on this waiver.

In accordance with the Americans with Disabilities Act, please describe any accommodation needed for your enjoyment of this program. If special accommodations are needed, allow 2 weeks prior to the start of the program. A staff member will contact you for more information. If you do not hear from us prior to the start date of the program, please call to confirm your accommodations.