



Registration Form

Online Registration available! Visit: itascaparkdistrict.com

Primary Guardian Information

First Name: _____ **Last Name:** _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Home / Cell Phone #: () **Emergency Phone #:** ()

Join our E-Newsletter list! Enter e-mail address here:

I have carefully read the insurance liability waiver below and understand that my signature is required, to the right, in order to be in Park District programs. Parental signature required for participants under age 18.

Signature: _____

Code#	Activity Name	Participant's First Name	Participant's Last Name	Fee	Birthdate	Gender
			Total Due \$			

Please note any physical or other limitations, allergies, special medication or additional conditions that may affect participation: _____

_____ If special accommodations are needed, allow 2 weeks prior to the start of the program.

Insurance Liability Waiver Form

Please read this form carefully and be aware that in signing up and participating in the use of Park District/Nature Center Village programs, you will be waiving and releasing all claims for injuries you might sustain arising out of the activities of this program.

"As the parent/guardian of the participant, or participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities connected with or associated with such program.

"I agree to waive and relinquish all claims I may have as a result of participating in the program against the Park District and its officers, agents, servants, and employees.

"I do hereby fully release and discharge the Park District and its officers, agents, servants, and employees from any and all claims from injuries, including death, damage, or loss which I may have or which may have accrue to me on account of my participation.

"I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants, and employees from any and all claims resulting from injuries, including death, damages, and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the program.

In the event of any emergency, I authorize District officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care, and agree that I will be responsible for payment of any and all medical services rendered.

"Photo/video": I understand that my child/ward or I may be photographed or videotaped while participating in an Itasca Park District Program. I give permission for photos & videos of my child/ward or me to be used in the brochure, website, social media and other promotional materials. Such photos and videos are property of the Itasca Park District.

"I have read and fully understand the above Program Details and Participation agreement."
Please sign on first signature line above.