



Program Registration Form

Participant's Name: First _____ Middle: _____ Last: _____

Address: _____ City: _____ zip: _____

Park District: _____ Home/Cell phone: (____) _____

Date of Birth: ____/____/____ Sex: M__F__ Shirt size: _____ Shoe size: _____ Weight: ____ Height: _____

E-mail: _____

Parent/Guardian name: (1) _____

(2) _____

Address (if different from participants): _____ City: _____ zip: _____

Home/Cell phone: (____) _____ E-mail: _____

Emergency Name/Relationship and Phone Number(s): _____

Emergency Phone Number(s): _____

Primary Disability _____ Secondary Disability _____

PHOTOGRAPHS: Unless we are notified, KSRA may take pictures of participants in our programs, classes, or events. Please be aware that these pictures are only for KSRA use in future brochures, pamphlets, and fliers.

Program Name	Program Code	Program Date/Session	Total Fee for Program

REQUESTS FOR REFUNDS WILL NOT BE CONSIDERED AFTER THE REGISTRATION DEADLINE EXCEPT FOR MEDICAL AND FAMILY EMERGENCIES.

**Payment for programs must be received in full prior to the deadline date.
The waiver on the back of this form must be signed in order to process the registration.**

Kishwaukee Special Recreation Association
REGISTRATION/BROCHURE WAIVER & RELEASE

IMPORTANT INFORMATION

The Kishwaukee Special Recreation Association is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Kishwaukee Special Recreation Association 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 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 is 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 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. 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, slip and falls, 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 exist. In this regard, it must be recognized that it is impossible for the Kishwaukee Special Recreation Association 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 programs listed below, 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 these programs (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs, 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 against the Kishwaukee Special Recreation Association, including its officials, agents, volunteers and employees.

I have read and fully understand the above important information, warning of risk, 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

Participant's Signature _____

(18 years or older or Parent/Guardian)

Date _____

PARTICIPATION WILL BE DENIED

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