

**VILLAGE OF HINCKLEY
PARKS AND RECREATION PROGRAM
REGISTRATION FORM**

Please print participant information:

Name: _____

Address: _____ City: _____ Zip code: _____

Home Telephone: _____ Cellphone: _____

Email: _____ Sex: _____ Birthdate: _____

For youth programs: Grade: _____ Allergies/medical concerns (please list):

Program Title	Fee
Total Fee Amount Submitted	\$

Waiver/Release of All Claims

Please read this form carefully and be aware in registering yourself or your child for participation in the above program, you will be waiving and releasing all claims for injuries you or your child might sustain arising out of the above program.

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program and I agree to assume the full risk of any injuries, including death, damages or loss, which I or my child may sustain as a result of participating in any and all activities connected with or associated with this program.

I do hereby fully release and discharge the Village of Hinckley, its employees, volunteers, and agents from any and all claims from injuries, including death, damages or loss, which I or my child may have or which may accrue to me or my child on account of my participation or my child's participation in the program.

I further agree to indemnify and hold harmless and defend the Village of Hinckley, its employees, volunteers, and agents from any and all claims arising out of, connected with, or in anyway associated with the activities of the program.

I agree to waive and relinquish all claims I or my child may have against the Village of Hinckley, its employees, volunteers, and agents as a result of participating in the program.

I hereby grant my consent and permission to provide emergency medical treatment to myself or my child if, in the judgment of those person(s) supervising me or my child, the need should arise during the course of the program. I understand and agree that I am responsible for all medical care expenses incurred to treat any injuries including, without limitation, physician, hospital, lab, drug, and device expenses.

I have read and fully understand the above waiver and release of claims.

Signature of adult participant: _____ Date: _____

Signature of parent/guardian: _____ Date: _____

