

ZION PARK DISTRICT WAIVER & RELEASE

The Zion 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 Zion 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 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.

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, premises 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 Zion 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 the below identified programs/activities, 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 said 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 I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs activities against the Zion Park District including its officials, agents, volunteers and employees (hereinafter collectively referred as "District").

I do hereby fully release and forever discharge the Zion Park District 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 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, your on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Signature of Participant or Parent/Guardian _____ Date _____

Last Name _____ Home Phone _____

Address _____ Daytime Phone _____ Ext. _____

City _____ State _____ ZipCode _____

Check here if this is a new address

Check here if this is a new phone number

Please Print Clearly - Make checks payable to Zion Park District - Do Not Mail Cash

First Name	D.O.B.	Age*	M/F	Code	Program,Session, Day, Time	Fee

* Age 18 or Over - Write "Adult"

⊗ Incomplete Forms will not be accepted ⊗

Total Fees _____

When registering by fax, it is mutually understood that the facsimile registration document (including the waiver and release of all claims) shall substitute for and have the same legal effect as the original form.

This section must be completed if you use Visa or Mastercard. **(Circle One) VISA MASTERCARD**

<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div>															
Account Number (Above)	Exp. Date	Amount of Charge	\$												
Cardholder name (Print) _____															
Authorized Signature _____															

Do Not Write In This Box

Check # _____
 By _____
 Date _____