

Household Name \_\_\_\_\_ HH# \_\_\_\_\_

Address \_\_\_\_\_

City / Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Credit Card \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

1. Credit Card Number \_\_\_\_\_ Security Code \_\_\_\_\_

2. Expiration Date \_\_\_\_\_

3. Amount of Payment \_\_\_\_\_

4. Authorized Signature \_\_\_\_\_

| Participant<br>(First & Last Name) | Sex | Birthday<br>(Month/Day/Year) | Program Name | Program Number | Section Letter | Fee |
|------------------------------------|-----|------------------------------|--------------|----------------|----------------|-----|
|                                    |     |                              |              |                |                |     |
|                                    |     |                              |              |                |                |     |
|                                    |     |                              |              |                |                |     |
|                                    |     |                              |              |                |                |     |
|                                    |     |                              |              |                |                |     |

The Hoffman Estates Park District welcomes individuals with disabilities into programs. Please describe any accommodations needed for successful inclusion in the programs:

I have read and fully understand the important information on the reverse of this card, warning of risk, assumption of risk and waiver and release of all claims. If registering a minor participant, I further attest that I have read the reverse of this card to my minor child / ward.

Signature of Participants or Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_ Registrar \_\_\_\_\_

**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 Hoffman Estates Park District 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 injuries, damages or loss regardless of severity, that I or my minor child/ward may sustain as a result of 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 Hoffman Estates Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as Hoffman Estates Park District.)

I do hereby fully release and forever discharge the Hoffman Estates 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.

**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. Participants must understand that certain risks, dangers and injuries due to acts of God, inclement weather, slipping, falling, equipment failures, failure in supervision, premises defects and all other circumstances inherent to recreational activities /programs exist. In this regard, it must be recognized that it is impossible for the (HEPD) to guarantee absolute safety.

**Communication & Marketing Release**

I, or my child, as a participant in a Hoffman Estates Park District program or event when using one of its public parks or facilities, may be photographed or videotaped by the Hoffman Estates Park District (HEPD) or its assigns and transferees. I grant permission to HEPD to copyright, use and publish the same in print and/or electronically with or without my name and for any lawful purpose, including for example, publicity, illustration, advertising, program guide, brochures, newsletter, email, digital media boards, website, social media, news releases or other promotional materials.

By providing my email address to this form, I give permission to the HEPD to send email to that address regarding events and programs. I understand that if I decide not to receive email, I can unsubscribe at any time using the link in the email. (To review the HEPD Privacy Policy, visit [heparks.org](http://heparks.org).)

**Important Information**

The Hoffman Estates 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 Hoffman Estates 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. 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.