



Main Contact Last Name:	First Name: Birth date:					
Address:	City:	Zip Code:				
Phone:	E-Mail Addres	ss:				
Participant Last Name	Participant First Name	Birth date	Sex	Program Name	Program	# Fee
						\$
						\$
						\$
						\$
						\$
Does the participant requi	re special accommodations	s? If so, please n	ote on lin	e below. O Yes O No	Total Fe	ees: \$
<b>Refund/Cancellation Policy:</b> 1. If a class minimum is not met, the class will be cancelled and registration fees will be returned 2. No refunds will be given after the registration deadline has passed unless physician's documentation is presented 3. No refunds will be given after a ticket for a trip, stage show or other special event has bee purchased. 4. Refunds given prior to the registration deadline will be charged a \$5 processing fee. Please allow two weeks for processing.						
Payment Type: O Cas	sh O Credit	Card #			Exp. Dat	te/
the participants' safety. However injury when choosing to participa or adequately skilled for the activ suffered an illness, injury or impation warning of RISK Recreation proper preparation, instruction, mand dangers cannot be foreseen. conditioning, carelessness, horse other risks inherent to the particu warver and the particular ward might sustain as a result of vehicle operations, when provide to assume the full risk of any and agree to waive and relinquish all	r, participants and parents/guardia ate in recreational activities/progravities contemplated by this agreem airment, to consult a physician beformal activities are intended to chall nedical advice, conditioning and equal Depending on the particular activities play, unsportsmanlike conduct, preplar activity. In this regard, it is imposed assuming the risk and legal fracticipating in any and all activitied). I recognize and acknowledge the dall injuries, damages or loss, regardiams I or my minor child/ward medicines.	ns of minors register ams. You are solely rement. It is always advious undertaking any lenge and engage the uipment, there is still ay, certain risks, danger mises defects, inadecessible for the Oakbro PTION OF RISK Pliability and waiving lies connected with a mat there are certain ardless of severity, thay have (or accrue to	ring for this esponsible fisable, espe physical act physical, marisk of seriers and injurquate or defook Terrace Felease read the and releasing association of the physical my minor or my	cipants follow safety rules and instru- program/activity must recognize that for determining if you or your minor of cially if the participant is pregnant, of civity.  ental and emotional resources of eact ious injury when participating in any ies may exist due to inclement weath ective equipment, inadequate superve Park District to guarantee absolute so this form carefully and be aware that any all claims for injuries, damages or ited with this program/activity (included sical injury to participants in this program/activity (included) sical injury to participants in this program/activity (included) sical injury to participants in this program/activity (included)	at there is an inle child/ward are participant. Description of the participant of the par	herent risk of ohysically fit and/way or has recently lespite careful and ivity. All hazards ls, poor skill level or n or officiating, and and participating in this it or your minor child/tion services and and I voluntarily agree icipation. I further
TRANSPORTATION Please r program, you will be expressly as might sustain as a result of said Oakbrook Terrace Park District is there are certain risks of physica my minor child/ward or I may su- but not limited to, injuries, damad	ssuming the risk and legal liability a services, including but not limited s neither a common carrier nor in tl Il injury to vehicle passengers, and stain as a result of participating in ges and loss arising out of negliger to me or my child/ward) against th	at in consideration for and waiving and relecto, vehicle operations to, vehicle operations I voluntarily agree to any and all activities ant operation or super	or the Oakbr asing all cla s and board ling transpo assume th s connected vision of th	ook Terrace Park District providing to ims for injuries, damages or loss whing and exiting the vehicle. I recognion ortation services to the public. I furthe e full risk of any injuries, damages of with or associated with receiving trace e vehicle. I further agree to waive an t, including its respective officials, ag	nich you or your ize and acknowl her recognize an r loss, regardles ansportation se d relinguish all o	minor child/ward ledge that the id acknowledge that is of severity that ervices, including, claims I or my minor
<b>PHOTO RELEASE</b> By registering for any Park District program/event/league you agree to allow publication of any photos taken at any program, event, or facility of the Oakbrook Terrace Park District.						FF USE ONLY
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. I HAVE READ AND FULLY UNDERSTAND THE ABOVE PROGRAM DETAILS AND WAIVER AND RELEASE OF ALL CLAIMS.						Ву:
						Date:
				Data		

Participant's Signature (Signature of Parent/Guardian if participant is under 18 years of age)