

South Barrington Park District Registration Form

WAIVER, RELEASE OF CLAIMS AND ASSUMPTION OF RISK SOUTH BARRINGTON PARK DISTRICT • READ CAREFULLY

Please read this form carefully and be aware that, in participating in the program(s) 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 this registration. I recognize and acknowledge that there are certain risks of physical injury, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of participation. I further agree to waive and relinquish any and all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in any programs or activities against the SOUTH BARRINGTON PARK DISTRICT, including its officials, agents, volunteers and employees. I have read and fully understand the above warning of risk, assumption of risk, waiver and release of all claims. If participant is under the age of 18, a parent or custodial parent or guardian MUST SIGN. 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 understand the nature of the program for which I am registering and have read and fully understand this Waiver, Release of Claims and Assumption of Risk. The Park District may take photographs of participants enrolled in Park District programs, special events, or people on Park District properties and/or parks. These photographs may be used in our catalogs, brochures, presentations, flyers, electronic media and any other publication without additional, prior notice or permission and without compensation to the participant.

Waiver Signature	Date
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FAMILY LAST NAME	DATE	
Street Address	City	Zip
Home Phone	Other Phone	
Email Address		
Residency Status (MUST CHOOSE ONE):	<input type="checkbox"/> South Barrington Resident	<input type="checkbox"/> Non-Resident
Membership Status (MUST CHOOSE ONE):	<input type="checkbox"/> South Barrington Club Member	<input type="checkbox"/> Non-Member <input type="checkbox"/> Daycare Family
<input type="checkbox"/> Special Needs: Check this box if any accommodations are needed for successful inclusion into the programs listed below. Describe the needs below:		

Name of Participant	Age	Class Code	Program Name	Fee

<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> South Barrington Club House Charge Account # _____
<input type="checkbox"/> Credit Card (Visa, MasterCard, American Express) Account # _____ Expiration date ____ / ____ Name that appears on the Credit Card _____
Signature authorizing payment _____ Date: _____

Mail to South Barrington Park District, 3 Tennis Club Lane, South Barrington, IL 60010
Fax to (847) 381-2824 • Register on-line at sbpd.net.
Phone inquiries: (847) 381-7515