

KIDS DAY OUT

Child's Last Name _____

Child's First Name _____

Home Phone _____

Cell/Work Phone _____

Emergency Contact _____

Emergency Phone _____

Address _____

City/Zip _____

Day	Date	Cash	Check #

Day	Date	Cash	Check #

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 this program, 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 program (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program, 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 this program against the Rolling Meadows Park District, including its officials, agents/volunteers and employees.

I have read and fully understand the above waiver and release of all claims and assumption of risk. If registering online or via fax, my online or facsimile signature shall substitute for and have the same legal affect as an original form signature.

Participation will be denied if the signature of adult participant or parent/guardian and date are not on the waiver.

X _____

Participant's Signature (18 years or older or Parent/Guardian)

Date