



PARENT/GUARDIAN WAIVER AND RELEASE OF ALL CLAIMS FOR MINOR CHILD

My minor child, _____, who is under the age of 18 and, under Illinois law, designated a minor, is willing to be a participant in the _____ Program. I recognize and acknowledge that there are certain risks of physical injury to my minor child both during the course of any participation in the Program and in his/her engaging in the activity or conduct about which my minor child will have received instruction. I agree to assume the full risk of any injuries (including death), damages or loss which my child may sustain as a result of participating in any and all activities connected with or associated with such Volunteer Program.

I agree to waive and relinquish all claims my child and/or I may have as a result of my child participating in the Program against the Blue Island Park District and its officers, agents, servants and employees.

I do hereby fully release and discharge the Park District and its officers, agents, servants, and employees from any and all claims from injuries (including death) damage or loss which my minor child may have or which may accrue to me on account of participation in the Program.

I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants and employees from any and all claims resulting from injuries (including death), damages and losses sustained by my minor child or others arising out of, connected with, or in any way associated with the activities of or instruction provided to my minor child in the Program.

In the event of any emergency, I authorize Park District officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my immediate care to my minor child and agree that I will be responsible for payment for any and all medical services rendered.

**I HAVE READ AND FULLY UNDERSTAND THE ABOVE
WAIVER AND RELEASE AND PERMISSION TO SECURE TREATMENT**

Participant Name (please print)

Parent or Guardian Name (please print)

Participant Street Address, City, State & Zip Code (please print)

Parent or Guardian Signature

Phone Number

Date



12804 S. Highland Ave.
Blue Island, IL 60406
Phone (708) 385-3304
Fax (708) 385-3318

Participant Date of Birth (Necessary for registration system)