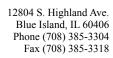


PARENT/GUARDIAN WAIVER AND RELEASE OF ALL CLAIMS FOR MINOR CHILD

, who is under the age of 18 and, under Illinois law, Program. I recognize injury to my minor child both during the course of any he activity or conduct about which my minor child will risk of any injuries (including death), damages or loss in any and all activities connected with or associated
y child and/or I may have as a result of my child Park District and its officers, agents, servants and
District and its officers, agents, servants, and employees damage or loss which my minor child may have or the Program.
and defend the Park District and its officers, agents, ng from injuries (including death), damages and losses connected with, or in any way associated with the the Program.
District officials to secure from any licensed hospital, ed necessary for my immediate care to my minor child and all medical services rendered.
UNDERSTAND THE ABOVE HISSION TO SECURE TREATMENT
Parent or Guardian Name (please print)
Parent or Guardian Signature
Date





Participant Date of Birth (Necessary for registration system)