MOKENA COMMUNITY PARK DISTRICT

Summer Sunshine Camp

Camper Information

Full Name: _____ Age: _____ Birthday: _____

Address: _____

_____ Home Phone: _____

Parent Information

Mom Full Name:_____ Dad Full Name:_____

Email: _____

Mom Phone: _____ Dad Phone: _____

Pick-up Person 1 (Name, Phone #, Relation): _____

_____

Pick-up Person 2 (Name, Phone #, Relation): _____

_____

Pick-up Person 3 (Name, Phone #, Relation): _____

_____

Pick-up Person 4 (Name, Phone #, Relation): _____

_____

Additional names may be listed on a separate sheet. When picking up your child, everyone needs to have a photo ID. NO child will be released to anyone that is not on this form and/or does not have a photo ID.

Health Information

List any allergies including food, medicine, or other: _____

_____(If child has epi-pen, inhaler or needs to take medication, please fill out separate waiver and medication dispensing form.)

Any physical limitations? _____

Other issues staff should be aware of: _____

I hereby understand that if a serious injury or illness develops, medical and/or hospital care will be sought and parents/guardians will be notified. If it is impossible to notify me, I give my permission for emergency treatment to be given at the recommendation of the attending physician. I further understand that the staff of the Mokena Community Park District is not responsible in the event of accidental injury or illness.

Parent Name: _____ Child's Name: _____

Parent Signature: _____ Date: _____

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Please read this from carefully and be aware that, in signing up and participating in Mokena Park District programs, you will be waiving and releasing all claims for injuries, arising out of these programs, that you or the other named participants might sustain. The terms “I”, “me” and “my” also refer to parents or guardians as well as participants in the programs. In registering for these programs, you are agreeing as follows.

As a participant in these programs, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, damages or loss which I may sustain as a result of participating, in any manner, in any and all activities connected with or associated with such programs. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risks of injury.

I agree to waive and relinquish any and all claims I may have as a result of participating in these programs against the Mokena Park District, any and all other participating or cooperating governmental units, any and all independent contractors, officers, agents, servants and employees of the governmental bodies and independent contractors, and any and all other persons and entities, of whatever nature, that might be directly or indirectly liable for any injuries that I might sustain while participating in these programs. (The parties described in the preceding sentence are referred to as “released parties” in the remainder of this Agreement.)

I do hereby fully release and discharge the Mokena Park District and the other released parties from any and all claims for injuries, damage or loss which I may have or which may accrue to me on account of my participation in these programs.

I further agree to indemnify, hold harmless and defend the Mokena Park District and any and all other released parties, from any and all claims resulting from injuries, damages and losses sustained by anyone, and arising out of, connected with, or in any way associated with my conduct and the activities of these programs.

I further understand and agree that the terms such as “participation,” “programs,” and “activities,” referred to in this Agreement, include all exercises and physical movements of any nature while I am participating in these programs and further include the provision of or failure to provide proper instructions or supervision, the use and adjustment of any and all machinery, equipment, and apparatus, and anything related to my use of the services, facilities, or premises involved in these programs, and transportation to and from any events.

I understand the nature of these programs for which I am registering, and have read and fully understand this Waiver, Release and Hold Harmless Agreement. I further understand that any advisements or warnings of the particular risks of these programs that I subsequently receive will be incorporated by reference into and become a part of this Agreement.

I agree to give my child permission to go on outings and/or field trips as part of the Adventure Camp program. I understand that transportation is provided by either Park District, SRA buses, or a state certified bus company and give my permission to have my child on said transportation.

I give my permission for my child’s picture/video to be used for marketing purposes for the Park District only.

I understand there are no refunds or credits once I register for camp.

Child’s Name: _____ Guardian’s Name: _____

Guardian’s Signature: _____ Date: _____