Byron Forest Preserve District Registration Form

Register by mail, by phone or fax (credit card required), or in person. Phone-815-234-8535 / Fax-815-234-8635

Participant Name			Payment:CashCheckCredit card										
Participant Birthdate (minor only) Parent/Guardian Name Address City, State, Zip			Cardholder Number Exp. Date Authorized Signature Driver's License #										
							Home/Cell Phone			Email Address			
							Emergency Phone		-				
							Activity Name						
Activity Nam	e	Fee	Day & Date of Activity	Time of Activity									
Activity Nam	e	Fee	Day & Date of Activity	Time of Activity									
Activity Nam	e	Fee	Day & Date of Activity	Time of Activity									
Activity Nam	e	Fee	Day & Date of Activity	Time of Activity									
Activity Nam	e	Fee	Day & Date of Activity	Time of Activity									
Activity Nam	e	Fee	Day & Date of Activity	Time of Activity									
Activity Nam	e	Fee	Day & Date of Activity	Time of Activity									
Activity Nam	e Total Fees	Fee	Day & Date of Activity	Time of Activity									
Activity Nam		Fee	Day & Date of Activity	Time of Activity									

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware that when registering yourself or your minor child/ward for participation in the program(s) identified on this form, you will be waiving and releasing all claims for injuries you or your minor child/ward may sustain arising from the program.

In consideration of permission granted to me and/or my child/ward by the Byron Forest Preserve to participate in this program(s), the sufficiency of which, I or my child/ward hereby acknowledge and agree as follows:

I recognize and acknowledge that there are certain risks of physical and emotional (or psychological) injury to participants in a program and I agree to assume the full risk of any injuries, damages, or losses which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s).

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

I do hereby fully release and discharge the District and its officers, agents, servants, and employees from any and all claims from injuries, damages, or losses which I or my minor child/ward may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program(s).

I further agree to indemnify and hold harmless and defend the Byron Forest Preserve and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages and losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program(s).

I acknowledge that the participant whom I am enrolling in this program (whether myself or my minor child/ward) does not have a physical or mental condition that would pose a direct threat to the health or safety of either the participant or others involved in the program. While the existence of a physical or mental condition will not preclude the participant from participating in the program, I agree that I will advise the District when that condition may pose a direct threat to the health and well being of the participant or others so that the District may have the opportunity where possible to modify its programs, practices, or services to eliminate or reduce that risk to an acceptable level.

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

Signature of parent, guardian, or adult participant	Date	Signature of participant (non-adult)	Date	rev: 9/2/11
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