

USE THIS FORM TO REGISTER BY MAIL OR FAX — PAYMENT MAY BE MADE BY CHECK OR CREDIT CARD

PLEASE PRINT

Family Last Name _____

Address (Street) _____

City _____ Zip _____

Home Phone () _____

Work/Emergency Phone () _____

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This section must be filled out if you are using a
VISA, MASTERCARD, AMERICAN EXPRESS

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Cardholder Name _____

Expiration Date _____

Amount of Charge _____

Authorized Signature _____

Program	Day	Time	Name	Birth Date	Sex	Fee

Make checks payable to Memorial Park District:

Total

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Recreation Program Waiver

Please read this form carefully and be aware in registering yourself or your minor child/ward for participation in the above program/programs you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the above program/programs.

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any such injuries, damages or loss regardless of severity which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program(s). I waive and relinquish all claims I or my child/ward may have against the Park District and its officers, agents, servants and employees as a result of participation in any of the above program(s). I hereby fully release and discharge the Park District and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I or my child/ward may have or which may accrue to me or my child/ward on account of my participation or the participation of my child/ward in any of the above program(s). 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, damages and losses sustained by me or my child/ward and arising out, connected with or in any way associated with the activities of any of the program(s).

I have read and fully understand the above program details and waiver release of all claims.

I have read the above recreation waiver program and understand that my signature is required in order to participate in Memorial Park District programs.

Signature: _____ Date: _____

Mail To:
Memorial Park District
700 Speechley Blvd.
Hillside, IL. 60162

Fax To:
Memorial Park District
(708) 547-3342