

# WAIVER OF RELEASE

## VERNON HILLS PARK DISTRICT PROGRAM WAIVER, RELEASE, AND CONSENT TO BE PHOTOGRAPHED or VIDEO RECORDED

Please read this form carefully and be aware that, by registering for, and for participating in, Vernon Hills Park District ("District") programs, you are releasing all claims for injuries arising out of any programs registered for that you or your minor child or ward who is a named participant might sustain. In registering for these programs, you are agreeing as follows:

As a participant (or the parent or guardian of a minor participant) in these programs, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk or any damages or loss which I (or my minor child or ward) 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 risk of injury.

I agree to release, waive and relinquish any and all claims I (or my minor child or ward) may have as a result of participating in these programs against the 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 (or my minor child or ward) might sustain as a result of participating in these programs., the District 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 (or the use by my minor child or ward) of the services, facilities, or premises involved in these programs, and transportation to and from any events.

I understand the nature of the programs for which I am registering, either individually or on behalf of my minor child or ward, and have read and fully understand this Waiver and Release of All Claims. I further understand that any advisements or warnings of the particular risks of these programs that I or my minor child or ward subsequently receive will be incorporated by reference into and become a part of this Agreement.

---

PRINTED NAME

---

SIGNATURE

DATE

*Account Name* \_\_\_\_\_

*Staff Initials* \_\_\_\_\_