

# Medinah Park District

22W130 THORNDALE AVE. MEDINAH, IL 60157  
(630) 893-2560 FAX (630) 893-0932

# REGISTRATION/WAIVER

(Please print all information neatly and carefully)

Payee's Name \_\_\_\_\_ Payee's Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell/Emerg. Phone ( ) \_\_\_\_\_

|  |                                      |              |                 |             |
|--|--------------------------------------|--------------|-----------------|-------------|
| Method of Payment<br><br><input type="checkbox"/> Cash<br><input type="checkbox"/> Check # _____<br><input type="checkbox"/> Credit Card | <input type="checkbox"/> Visa        | Card # _____ | Exp. Date _____ | SVC # _____ |
|  | <input type="checkbox"/> Master      |              |                 |             |
|  | <input type="checkbox"/> Discover    | Name _____   | Signature _____ |             |
|  | (Please print as it appears on card) |              |                 |             |

| CODE # | PROGRAM NAME | FEE | PARTICIPANT'S NAME | BIRTHDATE | SEX | TRANS. # |
|--------|--------------|-----|--------------------|-----------|-----|----------|
|        |              |     |                    |           |     |          |
|        |              |     |                    |           |     |          |
|        |              |     |                    |           |     |          |
|        |              |     |                    |           |     |          |
|        |              |     |                    |           |     |          |
|        |              |     |                    |           |     |          |
|        |              |     |                    |           |     |          |
|        |              |     |                    |           |     |          |

**TOTAL DUE** \$ \_\_\_\_\_

Do you or your child need any accommodation, in accordance with the Americans with Disabilities Act, to effectively participate in the activity(s) above? Yes  No

## WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

As a participant or parent/guardian of participant(s) in these program(s)/activities, I recognize and acknowledge that there are certain risks of physical injury, and I voluntarily agree to assume the full risk of any injuries, including death, damages or loss, regardless of severity, that I or my minor child/ward may sustain as a result of participating in any and all activities connected with and associated with such programs/activities held on or off Park District property (including transportation services/vehicle operation, when provided).

I further agree to waive and relinquish any and all claims I or my minor child/ward may have as a result of participating in these programs/activities (held on or off District property) against the Medinah Park District, including its officials, agents, volunteers, employees, independent contractors and servants (hereinafter collectively referred to as "Medinah Park District").

I do hereby fully release and forever discharge and agree to indemnify, hold harmless and defend the Medinah Park District from any and all claims from injuries, including death, damages or losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of these program(s) (held on or off District property) or the transportation services.

I hereby authorize and give consent to the Park District to photograph/video my child or me, and without limitation, to use such photographs/video in connection with promoting/advertising the services, programs and facilities of the Park District, without consideration of any kind.

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

I have read and fully understand the above important information, warning of risk, assumption of risk, waiver & release of all claims and photo/video authorization.

**SIGNATURE** of Adult/Parent/Guardian 18 years of age or older.

\*If registering via fax your facsimile signature shall substitute for and have the same legal effect as an original form signature.

Date \_\_\_\_\_

# Innovation Arts Connection

## Photo/Video Release

Photos and video footage are periodically taken of participants in Innovation Arts Connection programs. Please be aware that as an participant, you authorize IAC to use these photos and video footage for promotional purposes in IAC publications, advertising, marketing materials, brochures, event flyers, social media (including Facebook, YouTube, Instagram, Twitter, and other social media sites operated by IAC), and the IAC's website without additional prior notice or permission and without any compensation to you. All photos and videos are property of IAC.

Sign and date this acknowledgment and return it to your Dance Educator.

Child's Name: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

Guardian Print Name: \_\_\_\_\_

Program/Class Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_

# Dancer Information

Please print clearly.

Dancer's Name: \_\_\_\_\_

Dancer's Birthday: \_\_\_\_\_ Dancer's T-shirt Size: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Guardian 1 Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Carrier: \_\_\_\_\_

\*Must include Cell Phone Carrier to receive Reminder Text Messages.

Email: \_\_\_\_\_

Guardian 2 Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Carrier: \_\_\_\_\_

\*Must include Cell Phone Carrier to receive Reminder Text Messages.

Email: \_\_\_\_\_

Alternate Caretaker's Name: \_\_\_\_\_

Caretaker's Phone Number & Carrier: \_\_\_\_\_

\*Must include Cell Phone Carrier to receive Reminder Text Messages.

