

2012 Winnetka Golf Club Camps/Clinics

PLEASE PRINT

Participant's Name _____

Birthday _____ Age _____ Sex _____

Address _____ City _____

Zip _____ Email _____

Home Phone _____

Work/Emergency Phone _____

Proof of residency for junior camps and clinics provided

Activity #	Program Name	Fee

Payment Information

Cash Check Credit Card (*visa, mastercard & discover*)

Account Number _____

Expiration Date _____

Total Amount Enclosed _____

Cardholder Name _____

Authorized Signature _____

Refund Policy

A full refund will be given to those cancellations made by April 1, 2012. A 75% refund will be given to cancellations received one month in advance of the program start date. A 50% refund will be given to cancellations received up to two weeks in advance of the program start date. No refund will be issued if inside the two-week period.

Transfers will be accepted up to one week in advance of a program start date. A \$10 charge will be added to any transfer.

Waiver and Release of All Claims and Assumption of Risk Signature

(please read below)

Signature of Applicant _____

Date _____

Waiver and Release of All Claims and Assumption of Risk

Please read this form carefully and be aware that in signing up and participating in the identified programs/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs/activities against the Winnetka Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as Winnetka Park District).

I do hereby fully release and forever discharge the Winnetka Park District from any and all claims for injuries, damages, or loss that my minor child/ward or I 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 these programs/ activities.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, your on-line facsimile signature shall substitute for and have the same legal effect as an original form signature.

Please sign above.

Residency Policy

Recreation program residency rates apply to everyone who lives within Park District boundaries and pays Winnetka Park District taxes. Non-residents pay an additional non-resident fee per program. Non-residents fees are the second fee shown in program descriptions.

Photo/Video Policy

Photos and video footage are periodically taken of participants in a class, during a special event or at the District's parks and facilities. Please be aware that, by signing this waiver and release you are authorizing the Park District to use these photos and video footage for District advertising and promotion without your further permission and without any compensation to you. All photos/video are property of the Park District.

Please call the Communications Office at 847.501.2076 for more information.