



Program Registration Form

Family Information

Family Last Name: _____ Address: _____

Phone: _____ Emergency Phone: _____ Email: _____
(will receive Park District emails)

American with Disabilities Act (ADA)

We encourage participation by everyone and provide reasonable accommodations in accordance with ADA standards. If you require program assistance for special needs, check the box to be contacted by our NSSRA Inclusion Liaison, Toby Ross. A diagnosis is not necessary. Toby can also be reached at (847) 501-2071 or tröss@winpark.org.

Program Information

Activity #	Activity Name	Day/Time	Fee	Registrant's First Name	Gender	Birthday	Grade
-			\$				
-			\$				
-			\$				
-			\$				
-			\$				
-			\$				
-			\$				
-			\$				

Payment Information

Cash Check Credit Card Account #: _____ - _____ - _____ - _____ Exp. Date: ____/____

Total Enclosed: \$ _____ Cardholder's Name: _____ Authorized Signature: _____

Waiver and Release of All Claims and Assumption of Risk

Please read this waiver carefully and be aware that by continuing with this online registration and participating in the identified programs/activities, you will be expressly assuming all risk and all legal liability, and waiving and releasing all claims for any disease (including but not limited to contracting or spreading COVID-19), injury, damages, or loss that you, and your minor child/ward, might sustain as a result of participating in the above referenced programs and activities (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury and disease to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or losses, regardless of severity, 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 that might 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 disease, injuries, damages, or losses my minor child/ward, or I may have or which may accrue to me, my minor child/ward, or any other individuals arising out of, connected with, or in any way associated with these programs/ activities. Further, I do hereby indemnify, defend, and hold the District harmless from and against any and all claims, causes, injuries, damages and losses by third parties against the District arising from or in any way related to my or my child's/ward's participation in the identified programs/activities described above. 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 online or via fax, my online facsimile signature shall substitute for and have the same legal effect as my signature on an original form.

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 District to use these photos and video footage for advertising and promotion without your further permission and without any compensation to you. All photos/videos are property of the Park District.

Participant's Name(s) (please print): _____ Signature: _____ Date: _____

Participation will be denied if the signature of adult participant or parent/guardian and date are not on this waiver.