

PAXTON PARK DISTRICT
ADULT ATHLETIC WAIVER
IMPORTANT INFORMATION

The Paxton Park District is committed to conducting its recreation programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents registering their child in recreation programs must recognize however, that there is an inherent risk of injury or death when choosing to participate in recreation activities. The Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions which have been designed to protect the participant's safety.

Please recognize that the Paxton Park District does not carry medical accident insurance for injuries sustained in its programs. The cost of such would make program fees prohibitive. Therefore, each person registering themselves or a family member for a recreation program/activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the Park District automatically responsible for the payment of medical expenses.

Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for the Park District requires the execution of the following Waiver and Release. Your cooperation is greatly appreciated.

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware in registering and participation in this program you will be waiving and releasing all claims for injuries you might sustain arising out of this program.

PROGRAM _____

As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities connected with such a program.

I agree to waive and relinquish all claims I may have as a result of participating in the program against the Park District and its officers, agents, servants, and employees.

I do hereby fully release and discharge the Park District and its officers, agents, servants, and employees from any and all claims from injuries, including death, damage, or loss which I may have or which may accrue to me on account of participation in the program.

I further agree to indemnify, hold harmless, and defend the Park District and its officers, agents, servants, and employees from any and all claims resulting from injuries, including death, damages, and losses sustained by me arising out of, connected with, or in any way associated with the activities of the program.

I also understand that by registering in a Park District sponsored activity, I give my consent for Park District personnel to take photographs of the activity which I may be participating, for the sole purpose of professional use, whereas professional use is defined as uploading photographs to the Park District website and/or seasonal activity brochures.

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

Upon completion of this waiver, I understand any and all registration fees must also be submitted to the Park District prior to any participation in an activity. Any checks made payable to the Paxton Park District which are returned on the basis of nonsufficient funds are subject to an extra \$25 fee.

I have read and fully understand the above Program Details, Waiver and Release of All Claims, and Permission to Secure Treatment.

PLEASE SIGN ON BACK OF DOCUMENT

