



Woodridge
PARK DISTRICT

Woodridge Park District
Park District Risk Management Association

Waiver and Release of All Claims

Please print all information:

Name of Participant: _____

Address: _____

Age: _____

Name of Parents/Guardians:

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in the above program/programs, you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the above program/programs, including transportation services when provided.

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any such injuries, damages or loss regardless of severity which I or my child may sustain as a result of participating in any activities connected or associated with any such program(s). I waive and relinquish all claims I or my child/ward may have against the Park District and its officers, agents, servants and employees as a result of participating in any of the above program(s). I hereby fully release and discharge the Park District and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I or my child/ward may have or which may accrue to me or my child/ward on account of my participation or the participation of my child/ward in any of the above program(s). I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or by my child/ward, and arising out, connected with, or in any way associated with the activities of any of the program(s).

I have read and fully understand the above program details and waiver and release of all claims.

Signature of Parent/Guardian: _____ **Date:** _____