



**VILLAGE OF WESTERN SPRINGS RECREATION DEPARTMENT**  
**PROGRAM REGISTRATION FORM**

**FORM MUST BE SIGNED AND DATED ON REVERSE SIDE**

**SPECIAL NEEDS, ACCOMODATIONS, ALLERGIES, MEDICAL CONDITIONS:** Please check this box to inform us of any special needs, accommodations, allergies or other medical conditions that may impact the participant’s enjoyment of our programs. We will follow up with a phone call to discuss details.

**Parent/Guardian Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Emergency Phone:** \_\_\_\_\_

<b>Participant’s Name</b>	<b>Participant’s Birthdate M/D/Y</b>	<b>Program Name</b>	<b>Program Date(s)</b>	<b>Program Fee</b>

**TOTAL FEES DUE:** \_\_\_\_\_

**Make checks payable to Western Spring Recreation or check here  for us to call you for your credit card information and register you over the phone.**

**WAIVER AND RELEASE OF ALL CLAIMS**

Please read this carefully and be aware that by registering for and participating in programs or by registering your minor child/ward for participation in programs you will be waiving your rights and/or the right of your minor child/ward to all claims for injuries you or your minor child/ward might sustain arising out of programs and you will be required to indemnify, hold harmless and defend the Village of Western Springs for any claims arising out of participation in Recreation Department programs.

**RISK OF INJURY:** “As a participant in the programs, or as a parent under 18 years of age, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities associated with Recreation Department programs.”

**WAIVER OF INJURY CLAIMS:** “I agree to waive and relinquish any and all claims I or my minor child(ren)/ward(s) may have arising out of, connected with, or in any way associated with the activities of the programs.”

**RELEASE FROM LIABILITY:** “I do hereby fully release and discharge the Recreation Department and the Village of Western Springs and its officers, agents, and employees from any and all claims from injuries, including death, damage or loss which I or my minor child(ren)/ward(s) may have or which may occur on account of participation in the programs.”

**INDEMNIFY AND DEFENSE:** “I further agree to indemnify, hold harmless and defend the Recreation Department and the Village of Western Springs and its officers, agents and employees from any and all claims from injuries, including death, damages and losses sustained by me or my minor child(ren)/ward and arising out of, connected with, or in any way associated with the activities of the programs.”

**IN THE EVENT OF ANY EMERGENCY,** I authorize the public entity to secure from any licensed hospital, physician and/or medical personnel any treatment deemed reasonable and necessary for my minor child(ren)’s immediate care and agree that I will be responsible for payment of any and all medical services rendered.

**COVID-19 MONITORING PERMISSION**

In consideration of myself and/or my child/ward being allowed to participate in the Activity, I grant the Village of Western Springs, its officials, agents or employees full permission to do a temperature scan on myself and/or my child/ward and monitor for symptoms of COVID-19, which may include being asked a series of questions:

- Have you had a cough or a fever?
- Have you been in contact with anyone who recently traveled abroad, or anyone showing symptoms for COVID-19?

I understand and agree that if I and/or my child/ward has a temperature, shows symptoms of COVID-19 or answers any questions in the affirmative, I and/or my child/ward shall not be allowed to participate in the Activity.

I agree that I and/or my child/ward will perform a temperature scan prior to attending any Activity and will not attend the Activity if temperature is above 100.4° F. I agree not to attend the Activity if I and/or my child/ward show any symptoms of COVID-19.

Extension of Participant Liability Waiver and Hold Harmless Agreement. I hereby agree and understand that the terms and provisions of the Participant Liability Waiver and Hold Harmless Agreement contained on the Registration Form is extended to include COVID-19 exposure, infection or the monitoring of COVID-19 exposure as provided above.

**I have read and fully understand and agree to the above-stated conditions of participation.**

\_\_\_\_\_  
Participant/Parent/Legal Guardian Signature

\_\_\_\_\_  
Date