



# AGE REQUIREMENT WAIVER REQUEST

Geneva Park District  
710 Western Avenue  
Geneva, IL 60134  
(630) 232-4542  
genevaparks.org

Please complete the form below and submit with completed program registration form. Supervisory staff will approve this request or suggest an alternative program/activity. Registration of any participant who is not the appropriate age for a program/activity is not guaranteed.

Participant's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Program/Activity Name \_\_\_\_\_

Program/Activity Code \_\_\_\_\_ Program/Activity Date(s) \_\_\_\_\_

I as parent/guardians of the above-mentioned participant are requesting participation in the above program/activity. I fully understand that the participant is not within the age category suggested by the Geneva Park District for participation in the program/activity. I request that the Geneva Park District waive its age requirement for the following reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

*Please Print*

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

*Signature*

*Office Use Only*

APPROVED

NOT APPROVED

Date \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for Disapproval \_\_\_\_\_

Notified of Disapproval: Date \_\_\_\_\_ Initials \_\_\_\_\_ Response \_\_\_\_\_



# PROGRAM REGISTRATION FORM

**Geneva Park District**  
 710 Western Avenue  
 Geneva, IL 60134  
 (630) 232-4542  
 genevaparks.org

Last Name \_\_\_\_\_ Date \_\_\_\_\_

(Adult) First Name \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Participants Name	Birth Date	Age	Program Name	Program Code #	Fee
<b>Refund requests must be submitted 2 weeks prior to the 1<sup>st</sup> day of class</b>					<b>Total Fees</b>

**INCLUSION SERVICE FOR PEOPLE WITH DISABILITIES:** Geneva Park District works collaboratively with the Fox Valley Special Recreation Association (FVSRA) to provide reasonable modifications for individuals with disabilities who need assistance to participate successfully in programs. Please list the names of participants requesting inclusion services and call 630-232-4542 or email [inclusion@genevaparks.com](mailto:inclusion@genevaparks.com). To provide the best customer service, we ask for at least two weeks' notice prior to the start of the program.

### GENEVA PARK DISTRICT WAIVER AND RELEASE OF ALL CLAIMS

**IMPORTANT INFORMATION:** The Geneva Park District (the "Park District") is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities. You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for recreational activities. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

**WARNING OF RISK:** Recreational activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity. Depending on the particular activity, certain risks and dangers may exist due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, lack of safety equipment, inadequate or defective equipment, failure in supervision and instruction or officiating, and premises defects. It is impossible for the Park District to guarantee absolute safety.

**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 Program(s), 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 the program(s)/activity(ies) (including transportation services, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in the program(s)/activity(ies), and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity that my minor child/ward or I may sustain as a result of participating in any and all activities connected with or associated with the program(s)/activity(ies). 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 this program/activity against the Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred to as "Parties"). I do hereby fully release and forever discharge the Parties 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 the program(s)/activity(ies). I further indemnify and hold harmless the Park District.

**PHOTO/VIDEO DISCLAIMER:** I understand that my child/ward or I may be photographed or videotaped while participating in a Park District program. I give permission for photos and video images of my child/ward or me to be used to promote the Park District's recreation programs. Such photos and video images remain the property of the Park District.

**I have read and fully understand the above important information, warning of risk, waiver and release of all claims and assumption of risk and photo/video disclaimer on this form and understand that my signature is required below in order for myself or my child/ward to participate in Geneva Park District programs. My signature also authorizes payment via the credit/debit card number if provided for payment. If registering online or via fax, my online or facsimile signature shall substitute for and have the same legal effect as an original form signature.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARTICIPATION WILL BE DENIED** If the signature of adult participant or parent/guardian and date are not on this waiver.

### PAYMENT

Please indicate your choice of payment:

Check  Cash  Credit Card

Card Number 

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Expiration Date 

--	--	--	--

 Zip Code 

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CVV 

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**Office Use Only**

Prepared by \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_ Payment Method \_\_\_\_\_

Copy Given To \_\_\_\_\_ for: Inclusion Services Other \_\_\_\_\_