

ANNUAL WAIVER FORM

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

Last Name	Date		(630) 232-454 genevaparks.or
(Adult) First Name	Email Address		
Address	City	Zip	
Primary Phone	Alternate Phone		
Last Name	First Name	Birth Date	e Age
and proper preparation, instruction, medical advice, Depending on the particular activity, certain risks an	ded to challenge and engage the physical, mental and emotion conditioning and equipment, there is still a risk of serious injuid dangers may exist due to inclement weather, slips and falls, equipment, inadequate or defective equipment, failure in superintee absolute safety.	ry when participating in any r poor skill level or conditioning	ecreational activity. g, carelessness,
Program(s), you will be expressly assuming the risk a child/ward might sustain as a result of participating ervices, when provided). I recognize and acknowled gree to assume the full risk of any injuries, damage activities connected with or associated with the projecture to me or my child/ward) as a result of participhereinafter collectively referred as "Parties"). I do hereinafter collectively referred as "Parties").	PTION OF RISK: Please read this form carefully and be aware to and legal liability and waiving and releasing all claims for injurice in any and all activities connected with and associated with the dige that there are certain risks of physical injury to participant is or loss, regardless of severity that my minor child/ward or I regram(s)/activity(ies). I further agree to waive and relinquish all pating in this program/activity against the Park District, including the parties and forever discharge the Parties from any to me or my minor child/ward and arising out of, connected all harmless the Park District.	es, damages or loss which you e program(s)/activity(ies) (inc s in the program(s)/activity(ie nay sustain as a result of parti claims I or my minor child/waing its officials, agents, volunta and all claims for injuries, dar	or your minor luding transportation s), and I voluntarily icipating in any and all ard may have (or eers and employees mages or loss that my
HOTO/VIDEO DISCLAIMER: I understand that my c	hild/ward or I may be photographed or videotaped while part /ward or me to be used to promote the Park District's recreati		
lisclaimer on this form and understand that my sig	ant information, warning of risk, waiver and release of all cla gnature is required below in order for myself or my child/war it/debit card number if provided for payment. If registering of as an original form signature.	d to participate in Geneva Pa	rk District programs.
Signature	re of adult participant or parent/guardian and date are	Date	
ANTICIPATION WILL BE DENIED IT the signatu	ire or adult participant or parent/guardian and date are	not on this waiver.	
1	Office Use Only		I I
Waiver Entered by	Date		: