



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
Refund requests must be submitted 2 weeks prior to the 1st day of class					Total Fees

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. 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 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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiration Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Zip Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
CVV	<input type="text"/>	<input type="text"/>	<input type="text"/>																

Office Use Only		
Prepared by _____	Date _____	Amount _____ Payment Method _____
Copy Given To _____	for:	Inclusion Services _____ Other _____