

**Deerfield Park District
836 Jewett Park Drive
Deerfield, Illinois 60015**

ADULT ATHLETIC ROSTER & WAIVER TEAM NAME _____
MANAGER _____ HOME PHONE _____ WORK PHONE _____

IMPORTANT INFORMATION

The Deerfield Park District is committed to conducting its recreation programs & activities in the safest manner possible and holds the safety of the participants in the highest possible regard. Participants and parents registering their child in recreation programs must recognize however, that there is an inherent risk of injury when choosing to participate in recreation activities. The Deerfield Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions which have been designed to protect the participants safety.

Please recognize that the Deerfield Park District does not carry medical accident insurance for injuries sustained in its programs. The cost of such would make program fees prohibitive. Therefore, each person registering themselves or a family member for a recreation program/activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the Deerfield Park District automatically responsible for payment of medical expenses.

Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for the District **REQUIRES** the execution of the following Waiver and Release. Your cooperation is greatly appreciated.

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware in participating in the above program, you will be waiving and releasing all claims for injuries you might sustain arising out of the activities of this program.

PROGRAM: _____ SEASON: _____ 200__

As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss regardless of severity which I may sustain as a result of participating in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I may have as a result of participating in the program against the District and its officers, agents, servants and employees. I do hereby fully release and discharge the District and its officers, agents, servants and employees from any and all claims from injuries, including death, damage or loss which I may have or which may accrue to me on account of my participation.

I further agree to indemnify and hold harmless and defend the District and its officers, agents, servants and employees from any and all claims from injuries, including death, damages and losses sustained by me or arising out of, connected with, or in any way associated with the activities of the program.

(Continued on Reverse Side)

Waiver and Release, continued

In the event of emergency, I authorize District officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate care and I agree that I will be responsible for payment of any and all medical services required.

I have read and fully understand the above Program Details, Waiver and Release of All Claims and permission to Secure Treatment.

Name (Please Print)

Address

Signature

1.	_____	_____
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