

WAIVER AND RELEASE OF ALL CLAIMS
Adult Kickball 2020

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in Grayslake Community Park District Programs, you will be waiving and releasing all claims for injuries you or you child/ward might sustain arising out of the above programs with the Grayslake Community Park District. I recognize and acknowledge that there are certain risks of physical injury to participants in Grayslake Community Park District programs and I agree to assume the full risk of any such injuries, including death, damages or loss regardless of severity which I or my child/ward may sustain as a result of participating in any and all activities connected or associated with such programs. When registering by fax, it is mutually understood that the facsimile registration document (including the waiver of all claims) shall substitute for and have the same legal effect as the original form.

I agree to waive and relinquish all claims I or my child/ward may have as a result of participating in the program against the Grayslake Community Park District and other agencies and its officers, agents and employees. I do hereby fully release and discharge the Grayslake Community Park District and its officers, agents, servants and employees from any and all claims from injuries including death, damages and losses sustained by me or my minor child/ward arising out of connected with, or in any way associated with activities of the programs. I further agree to indemnify and hold harmless and defend the Grayslake Community Park District and its officers, agents, servants and employees from any and all claims resulting from injuries including death, damages and losses sustained by me or by my child/ward arising out of, connected with, or in any way associated with the activities of any of the programs.

In the event of any emergency, I authorize the Grayslake Community Park District officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I also understand that unless specifically stated in writing at the time of registration registrants and participants permit the taking of photos and videotapes of themselves and their children during Park District activities for publication and use as the Park District deem necessary.

By signing below, I agree that I have read and understand the Waiver and Release of all Claims above. All participants must read and sign this waiver prior to playing in any game. Any team found playing without a player's signature will forfeit any game in which that player has played.

Today's' Date: _____ **Team Name:** _____

NAME (PLEASE PRINT)	CELL PHONE (PLEASE PRINT)	SIGNATURE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____