

**VILLA PARK PARKS AND RECREATION**  
**Release of All Claims & Emergency Treatment Permission**

Family and Last Name of Head of Household: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Mother Work Ph: \_\_\_\_\_ Cell: \_\_\_\_\_

Father Work Ph: \_\_\_\_\_ Cell: \_\_\_\_\_

Family E-mail Address: \_\_\_\_\_

**EMERGENCY NAMES & PHONE NUMBERS: (other than parent/guardians)**

1. _____	_____	_____	_____
NAME	RELATION	HOME#	CELL/WORK#

2. _____	_____	_____	_____
NAME	RELATION	HOME#	CELL/WORK#

Full Name and Birth Date:

1. \_\_\_\_\_

3. \_\_\_\_\_

5. \_\_\_\_\_

7. \_\_\_\_\_

9. \_\_\_\_\_

Full Name and Birth Date:

2. \_\_\_\_\_

4. \_\_\_\_\_

6. \_\_\_\_\_

8. \_\_\_\_\_

10. \_\_\_\_\_

# WAIVER/RELEASE OF ALL CLAIMES AND EMERGENCY TREATMENT PERMISSION

Please read this form carefully and be aware that by signing this form and participating in programs you requested through the Villa Park Recreation Department Online Registration process that you will be waiving all claims for injuries you or your children might sustain arising out of these programs.

## Release and Hold Harmless Agreement

As a participant in this Villa Park Recreation Department program, I recognize and acknowledge that there are certain risks of injury and I waive and relinquish all claims I or my children may have as a result of participating in this program against the Village of Villa Park and its Officials (either elected or appointed), commissioners, officers, agents, employees, and volunteers. I further agree to indemnify, hold harmless and defend the Village of Villa Park and its officials (either elected or appointed), commissioners, officers, agents, employees, and volunteers from and against any and all claims, suites of cause of actions, Including reasonable attorney's fees, sustained or caused by myself or my children arising out of, in connection with, or in any way associated with the activities of this program.

## Emergency Treatment Permission

I understand that a minor may not be treated, even in an emergency situation, except when, in the opinion of the attending physician, life is in the balance. Consent of a parent or legal guardian is necessary for unmarried minors (under 18) except in such cases. Written consent is required for all other treatment.

Accordingly, as a parent and/or legal guardian, I do herewith authorize the treatment of the minor enrolling in this program in the event of a medical emergency, including administration of first aid, as appropriate, and further agree that I will be responsible for payment of any and all medical services rendered. I understand that the Village does not provide medical insurance for program participants.

I agree that any person or entity, including any doctor, or healthcare provider, may rely on a photocopy of this document the same as if it were an original.

## Photo Consent

I understand that my child may be photographed while participating in the Village of Villa Park, Recreation Department's Program. I understand that these photos may be used in printed material and on the Park and Recreation web site for publicity purposes.

I give my consent for my child to be photographed while participating in the Village of Villa Park, Recreation Department's Program.

## Acknowledgement

I have read and fully understand the registration policies, the "Release and Hold Harmless Agreement" and the "Emergency Treatment Permission". This release and medical authorization form is completed and signed of my own free will even though I understand it is a requirement for participation in this program. I represent to the Village of Villa Park that I am familiar with the program and its physical demands and I attest and verify that the participant, whether myself or my child is physically fit for this program.

\_\_\_\_\_

Signature of Participant, Parent or Legal Guardian

Date: \_\_\_\_\_

\_\_\_\_\_

signature of Participant, Parent or Legal Guardian

Date \_\_\_\_\_

This waiver must be signed by all participating adults 18 years old and over, and by a parent or guardian for each participant under age 18.