

Franklin Grove Summer Park Program Registration

Atlasta Park

July 11th – August 3rd

9:00 am – Noon

Tuesday, Wednesday, Thursday

Child's First Name _____ Last Name _____ Age _____

Address _____ City _____

Home Phone _____

Cell Phone _____

Emergency Contact Number _____

Allergies _____

WAVIER-RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT FOR THE VILLAGE OF FRANKLIN GROVE PARK PROGRAM.

Please read this form carefully and be aware that by participating in the program you will be waving your rights to all claims for injuries, damages or loss which may occur as a result to the above individual participation in this event. "As parent, or legal guardian of the above participant, I recognize and acknowledge that there may be certain risks of physical injury and I agree to assume the full risk of any injury, including death, damages or loss which the above participant may sustain as a result of participating in any and all activities with or associates with such program."

"I do hereby fully release and discharge the Village of Franklin Grove and its officers, agents and employees from any and all claims from injuries, including death, damages or loss, which may occur as a result in any and all activities with or associates with such program."

"I agree to waive and relinquish any and all claims which may arise out of, connected with, or in any way associated with the activities of the program."

"I permit and hereby give consent to the taking of photos, audio and video tape of the participants' likeness during the park program activities for publication and use as the department deems necessary."

"I understand and acknowledge that the village is not responsible for and assumes no liability for the dispensing or administration of any medications to the participant, I hereby fully release and discharge the Village of Franklin Grove, its officers, agents, servants and employees from and all liability with respect thereto and accept full responsibility for the dispensing and administering of any medication which may or may not be vital to the participant's health and well-being."

"In the event of an emergency, I authorize the Village of Franklin Grove to secure from any licensed hospital, physician and/or medical personnel any treatment deemed reasonable and necessary for immediate care and agree that I will be responsible for payment of any and all medical services rendered."

Print Name of Participant

Print Name of Parent/Guardian

Date

Signature of Parent/Guardian