

Lake Use Tag Registration Form

FAMILY LAST NAME _____ PARENT'S NAME _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ BUSINESS PHONE _____

Email Address _____ (For confirmation)

Please check appropriate box: Please mail our tag We will pick up our tag at Village Hall

Name of Family Members Residing at Address	Age	Birthdate	Sex	Fee	OFFICE USE ONLY Tag Numbers	Code
						1075

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware that in signing up and participating in the above identified programs/activities, 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 said programs/activities (including transportation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child and/or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my child/ward may be entitled to (or accrue to me or my child/ward) as a result of participating in these programs/activities against the Village of Lake in the Hills Parks & Recreation Department including its officials, agents, volunteers and employees.

I do hereby fully release and forever discharge the Village of Lake in the Hills 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 these programs/activities.

Participants registering or their parents hereby permit the taking of photos, audio and videotaping during the Parks and Recreation Department activities for publication and use as the Village deems appropriate.

I have read and fully understand the above information, warning of risk, assumption of risk and waiver and release of all claims.

Signature of Participant or Parent/Guardian Date

OFFICE USE ONLY

Total Paid \$ _____ Check # _____ Cash \$ _____ Date _____ Initial _____

Make checks payable & mail to:

Village of Lake in the Hills
600 Harvest Gate
Lake in the Hills, IL 60156

For more information call (847) 960-7460.