

# Registration Form

Family Last Name	Parent's Name	
Address	City	Zip
Home Phone	Business Phone	
Email Address		

Please include me in upcoming Parks & Rec Department program/event emails:  Yes  No

**ADA COMPLIANCE:** Please notify staff at time of registration if you require special accessibility or accommodations for your participation in these programs.

Participant's First Name	Age	Birthdate	Sex	Code/Sec	Program Title	Fee	OFFICE USE ONLY

**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 & 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 Guardian \_\_\_\_\_

**OFFICE USE ONLY**

Total Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_ Credit \_\_\_\_\_ 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**



parks & rec

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