



RELEASE AND WAIVER FOR A MINOR

I/We, the undersigned, parent(s)/guardian(s) of _____ who is or may be a student under the age of eighteen (18), do hereby grant permission for said student to participate in the _____ program. In consideration of said student being allowed to participate in said program, I/we, intended to be legally bound, hereby for myself/ourselves, the student, my/our heirs, executors and administrators, voluntarily assume all risks of accident or injury and release and forever discharge Portage Park District and their employees, representatives, officers and agents from any and all liability for bodily injury or property damage of any kind sustained in association with the participation in said program, whether such bodily injury or property damage is caused by the negligence of Portage Park District or their employees, officers, or agents, or otherwise.

I/We covenant and agree to indemnify and hold harmless Portage Park District, their employees, officers and agents from all liability, loss and expense, including but not limited to, damages, legal expenses, and cost of defense in any matter arising from the participation of said student in the program.

I/We further agree that said student will abide by all applicable rules and regulations promulgated by Portage Park District, and further agree to provide the requested medical information and consent to treatment information provided on the reverse side of this form.

APPEARANCE RELEASE

The undersigned, together with my child/ward agree to participate and grant exclusive permission to photograph, record and use my name, likeness, movements and voice (hereinafter "likeness") for purpose of development, production, distribution, exhibition, advertising, publicity, promotion and other commercial or non-commercial uses of Portage Park District. I, and on behalf of my child/ward, hereby assign and transfer to Portage Park District all of our interest in the copyrights and the photographs and/or audio-visual works in which my or my child/ward likeness appears.

_____ agree _____ disagree

REGISTRATION INFORMATION

Name of Participant: _____ Birth date: _____ Age: _____ Gender: _____ M _____ F

Address: _____

City, State, Zip: _____

Phone #: _____ (Home) _____ (Cell) _____ (Business)

Email: _____

I/We _____ have read this Consent and with full understanding of the terms and of my/our full free will and accord do hereby set my/our hand(s) on the _____ day of _____, 20____.

Witness

Parent/Guardian Signature

Parent/Guardian's Printed Name

Date

MEDICAL INFORMATION AND CONSENT TO TREATMENT

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Address: _____

City, State, Zip: _____

Phone #: Home _____ Cell _____ Work _____

Name: _____ Relationship: _____

Address: _____

City, State, Zip: _____

Phone #: Home _____ Cell _____ Work _____

MEDICAL HISTORY

List any history of medical problems or special circumstances we should be aware of:

AUTHORIZATION, SIGNATURE AND CONSENT TO TREAT

In the event of injury or illness, I authorize on behalf of myself (or my child/ward, having not attained the age of 18), Portage Park District to obtain first aid and/or medical treatment at the nearest and most adequate facility of Portage Park Districts' choice. This medical treatment authorization form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances for myself (or my child/ward) (if the participant is under 18 years of age, the parent/guardian must sign).

Signature: _____