

WORTH TOWNSHIP YOUTH COMMISSION

11601 South Pulaski Road Alsip, Illinois 60803

(708) 371-2900
(708) 371-2144 fax

www.worhtownship.com
youthcommission@worhtownship.com

Registration Form

Please Print Child/Children's Name:

Last Name:	First Name:	Sex: M/F	Birth Date:	Age:

Class: _____ Amount Paid: _____

Address: _____

Town/City: _____ Zip Code: _____

Home Phone Number: (____) _____

Dad's Name:	Mom's Name:
Dad's Work /Cell Number:	Mom's Work /Cell Number:
Dad's Email:	Mom's Email:

Who do we contact first in case of emergency: (please circle) Mom Dad

Does your child have any special needs that may require particular attention? Please include any allergic reactions. Please list medications your child takes and the reason or medical conditions you feel we should be aware of. If registering more than one participant, please indicate child's name.

Name of Emergency Contact Person (other than parent): _____

Emergency Phone Number: _____ Relationship: _____

**WAIVER OF CLAIMS, RELEASE, INDEMNIFICATION AND
HOLD HARMLESS AGREEMENT**

Please read this form carefully and know that in signing this Waiver of Claims, Release, Indemnification and Hold Harmless Agreement (the "Agreement"), you will be waiving and releasing any and all claims for injuries or medical expenses incurred on your behalf which you or your child may sustain by participating in any program and/or event sponsored by WORTH TOWNSHIP and you are agreeing to reimburse WORTH TOWNSHIP for any liability WORTH TOWNSHIP may incur as a result of you or your child injuring anyone else in the course of your or your child's participation in any such program, activity and/or event. The terms "I", "me" and "my" shall also refer to any and all participants, including but not limited to parents, guardians and minors participating in any of the programs, activities and/or events.

WORTH TOWNSHIP PROGRAMS, ACTIVITIES, EVENTS

As a participant in any program, activity or event sponsored or hosted by WORTH TOWNSHIP, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which I may sustain as a result of participating in any and all programs, activities and/or events connected with or associated with WORTH TOWNSHIP.

I agree to waive and relinquish all claims I may have as a result of my participation in any programs, activities and/or events sponsored by or associated with WORTH TOWNSHIP, its officials, officers, agents, servants and employees. I hereby give WORTH TOWNSHIP, its officials, officers, agents, servants and employee's permission to use my picture or likeness for promoting WORTH TOWNSHIP programs, activities and/or events.

I do hereby fully release and discharge WORTH TOWNSHIP, its officials, officers, agents, servants and employees from any and all claims from injuries, damage or loss which I may have or which may occur to me as a result of my participation or attendance in any of the WORTH TOWNSHIP programs, activities and/or events.

I further agree to indemnify and hold harmless and defend WORTH TOWNSHIP, its officials, officers, agents, servants and employees from any and all claims resulting from any injuries, damages and/or losses caused by me or during the course of my participation or attendance in any of the WORTH TOWNSHIP programs, activities and/or events.

In the event of an emergency, I authorize WORTH TOWNSHIP and/or its officials, officers, agents, servants and employees to secure from any WORTH TOWNSHIP employee and/or hospital, physician and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for the payment of any and all medical services. I understand and agree that WORTH TOWNSHIP assumes no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment. Further, WORTH TOWNSHIP shall not be responsible or liable for any costs or charges related to such medical treatment.

Worth Township, its officials, officers, agents, servants and employees may videotape any program, activity and/or event, such as the Spelling Bee, to be broadcast on a local community cable channel or elsewhere. I give my permission to be videotaped in any program, activity and/or event and allow WORTH TOWNSHIP to use and/or televise in any manner, my picture and/or likeness and to indemnify and hold harmless WORTH TOWNSHIP, its officials, officers, agents, servants and employees from any and all claims, damages and/or loss of any kind in connection to any picture or video that I may appear in.

I further agree that this Agreement shall be construed in accordance with the laws of the State of Illinois. If any term or provision of this Agreement shall be held illegal, unenforceable or in conflict with any law governing this Agreement, the validity of the remaining portions shall not be affected thereby.

In signing this Agreement, I acknowledge and represent that I have read and fully understand this Agreement.

PLEASE PRINT

Participant's Name _____

Parent/Legal Guardian Name _____

Parent /Legal Guardian Signature _____ **Date** _____