NWCSRA
NORTHERN WILL COUNTY
Special Recreation Association

Program Registration Form

PLEASE PRINT ALL INFORMATION BELOW COMPLETELY

Office Use

Date_____

Participant's Name _____ Age _____ Birthdate _____ Gender _____

Address _____ City _____ Zip _____

Phone Home_____ Cell_____ Work_____

E-mail Address_____

NOTE: Registrations will not be processed if a fee remains from a previous season or if a an online account has not been created with a current Annual Information Form (AIF). AIF must be completed annually.

Program Name	Fee	Names of Other Attendees (if applicable)

I would like to make a donation to NWCSRA in the amount of $_____

YOU MUST SIGN AND DATE THIS FORM AND PROVIDE FULL PAYMENT FOR REGISTRATION TO BE PROCESSED.
I have read and fully understand the information on the reverse side of this form - warning of risk, assumption of risk and waiver and release of all claims.

❑ CHECK #_____ ❑ CASH

Mastercard Visa Discover AMEX Name on card: _____

CC #_____ Exp. Date_____ CCV _____ Total _____

Cardholder/Payee Name(print) **Cardholder/Payee Signature** **Date**

IMPORTANT INFORMATION -

Northern Will County Special Recreation Association is committed to conducting its recreation programs and activities in a safe manner and holds safety of participants in high regard. Northern Will County Special Recreation Association continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities. You are solely responsible for determining if you or your minor child/ward is physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK -

Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Participants must understand that certain risks, dangers and injuries due to acts of God, inclement weather, slipping, falling, equipment failure, failure in supervision, premises defects and all other circumstances inherent to recreational activities/programs exist. In this regard, it must be recognized that it is impossible for Northern Will County Special Recreation Association to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK -

Please read this form carefully and be aware that in signing up and participating in Northern Will County Special Recreation Association 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 this program/activity (including transportation of services, when provided). I recognize and acknowledge that certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages, or loss regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result in participating in the program/activity against Northern Will County Special Recreation Association, including its officials, agents, volunteers and employees. I do hereby fully release and forever discharge Northern Will County Special Recreation Association from any and all claims for injuries, damages or loss that I or my minor child/ward 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 this program/activity. I have read and fully understand the above important information, warning of risk, assumption of risk waiver and release of all claims. In the event of an emergency, I understand and authorize Northern Will County SRA staff and officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for immediate care for myself or minor child/ward and agree that I will be responsible for payment of any and all medical services rendered. If registering via mobile device or fax,mobile or facsimile signature shall substitute for and have same legal effect as an original form signature.

You must sign and date the bottom of the reverse side of this form before registration can be processed. Participation will be denied if the signature of an adult participant or parent/guardian and date are not on the front of this waiver.