

Wheaton Park District Lincoln Marsh Challenge Course
Participant Information and Waiver & Release
630-871-2810 • www.lincolmarsh.org • lincolmarsh@wheatonparks.org

PLEASE PRINT ALL INFORMATION

Program Date: _____ Group Name: _____ Birthdate ____/____/____

First Name: _____ Last Name _____

Street _____ City, State _____ Zip _____

Phone (Home) _____ (work) _____

Emergency Contact Name _____ Relationship: _____ Emergency Phone # _____

Medical information: Allergies _____ Injuries _____

Participant requires use of epi-pen Yes No Did they bring it today? Yes No

Participant requires the use of an inhaler Yes No Did they bring it today? Yes No

Any other medical information we should be aware of: (ex: diabetes, epileptic, back problems, etc.)

IMPORTANT INFORMATION

The Wheaton Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Wheaton Park District 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 adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

The Wheaton Park District, its partners, approved volunteers and vendors may take photographs or videos of participants for promoting our programs, services, events, activities, and facilities in our brochures, emails, website or agency social media, etc. By participating in or attending any Wheaton Park District activities the participant (or parent/guardian of a minor participant) agrees to the use and distribution of his or her image (or images of a minor child/ward) in photographs, video recordings, and any other electronic reproductions of such activities for any purpose without inspection, compensation, or any other consideration now and in the future.

WARNING OF RISK

The Lincoln Marsh Challenge Course is a series of challenging activities intended to engage the physical, mental and emotional resources of each participant. However, despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury, including spinal cord injury, head/brain injury, and bone and joint injury. Understandably, not all hazards and dangers associated with the Challenge Course can be foreseen. Certain risks include acts of God, inclement weather, slip and falls, insect bites, inadequate or defective equipment, inadequate supervision or instruction, and premises defects. In this regard, it must be recognized that it is impossible for the Wheaton Park District 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 this program/activity, 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 services and vehicle operations, when provided).

I recognize and acknowledge that there are 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 of participating in this program/activity against the Wheaton Park District, including its officials, agents, volunteers and employees.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

*This waiver cannot be altered in any way

PLEASE PRINT

Participant's Name _____ Date: _____

Participant's Signature _____
(18 years or older or Parent/Guardian)

PARTICIPATION WILL BE DENIED If the signature of adult participant or parent/guardian and date are not on this waiver.
