



West Chicago Park District
2009 Spooky Trail Individual Sign Up Sheet

Please mail or fax this section to the west Chicago Park District, 157 W Washington St.
West Chicago, IL 60185. Phone (630) 231-9474 Fax (630) 231-2352

I will work Spooky Trail _____ Friday, October 23rd _____ Saturday, October 24th

Name _____ Age _____

Address _____ City/ Zip _____ Phone# _____

This will be my _____ yrs on the trail

Other people I would like to work with as a group displays:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

West Chicago Park District
Waiver and Release Form

Class _____

Season/Year _____

Please read this form carefully and be aware that in signing up and participating in this program you will be waiving and releasing all claims for injuries you might sustain arising out of this program.

Selected Recreation Program

(Acknowledgment of risk of injury clause)

“As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with such program.”

(Waiver of claim for injury clause)

“I agree to waive and relinquish all claims I may have as a result of participating in the program against the Park District and its officers, agents, servants and employees.”

(Release from liability clause)

“I do hereby fully release and discharge the Park District and its officers, agents, servants, and employees from any and all claims from injuries, including death, damage or loss which I may have or which may accrue to me on account of my participation in the program.”

(Indemnity and defense clause)

“I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the program.”

I have read and fully understand the above Program Details and Waiver and Release of All Claims.

Parent or Participant _____

Date _____