

## Join Our Mailing List!

E-mail address \_\_\_\_\_

SSSRA will not share your email address.

# Registration Form

Is this your first time participating with SSSRA?  Yes  No

How did you hear about SSSRA?  Family  Publication \_\_\_\_\_  Community Expo  Other \_\_\_\_\_

Participant's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_

Phone -  Home \_\_\_\_\_  Work \_\_\_\_\_  Cell \_\_\_\_\_

Place a checkmark beside the phone number you would like us to use first.

Parent(s)/Guardian(s) Name \_\_\_\_\_

Parent(s)/Guardian(s) Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Parent(s)/Guardian(s) Phone -  Home \_\_\_\_\_  Work \_\_\_\_\_  Cell \_\_\_\_\_

Place a checkmark beside the phone number you would like us to use first.

Group Home/Residential Facility \_\_\_\_\_ Manager/Caseworker \_\_\_\_\_

Manager/Caseworker Phone -  Office \_\_\_\_\_  After Hours \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone -  Home \_\_\_\_\_  Work \_\_\_\_\_  Cell \_\_\_\_\_

Place a checkmark beside the phone number you would like us to use first.

Primary Disability \_\_\_\_\_ Secondary Disability/Medical Condition \_\_\_\_\_

Current Medications/Prescribed or Over-The Counter \_\_\_\_\_

Does participant take medications at programs or special events? If yes, additional forms are required for completion.  Yes  No

Allergies \_\_\_\_\_ Dietary Restrictions \_\_\_\_\_

Photo Permission: I do hereby grant permission for my/our participant's picture to be used in promotional materials related to SSSRA. Promotional materials include, but are not limited to SSSRA brochures and advertising, SSSRA website, Facebook, SSSRA email newsletter, member park district and recreation department brochures.  Yes  No (Unless indicated, photos of participants may be taken and used for publicity).

## Waiver, Release of All Claims and Hold Harmless Agreement - Read Carefully!

Please read this form carefully and be aware that, in signing up and participating in South Suburban Special Recreation Association programs, you will be waiving and releasing all claims for injuries, arising out of these programs, that you or the other named participants might sustain. The terms "I", "me", and "my" also refer to parents or guardians as well as participants in the program. In registering for these programs, you are agreeing as follows:

As a participant in these programs, 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 manner, in any and all activities with or associated with such program. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risks of injury. Documents that are privileged and confidential communications, including but not limited to, attorney/client privileged communications, reports prepared in anticipation of litigation, and communications between SSSRA and the Park District Risk Management Agency will not be provided.

I agree to waive and relinquish any and all claims I may have as a result of participating in these programs against the SSSRA, any and all other participating or cooperating governmental units, any and all independent contractors, officers, agents, servants and employees of the governmental bodies and independent contractors, and any and all other persons and entities, of whatever nature, might be directly or indirectly liable for any injuries that I might sustain while participating in these programs. (The parties described in the preceding sentence are referred to as "released parties" in the remainder of this Agreement.)

I do hereby fully release and discharge the SSSRA and the other released parties from any and all claims for injuries, damage or loss which I may have or which may accrue to me on account of my participation in these programs.

I further agree to indemnify, hold harmless and defend the SSSRA and all other released parties, from any and all claims resulting from injuries, damages and losses sustained by anyone, and arising out of, connected with, or in any way associated with my conduct and the activities of these programs.

I further understand and agree that the terms such as "participation", "programs", and "activities" referred to in this Agreement, include all exercises and physical movements of any nature while I am participating in these programs and further include the provision of or failure to provide proper instructions or supervision, the use and adjustment of any and all machinery, equipment and apparatus, and anything related to my use of the services, facilities or premises involved in these programs, and transportation to and from any events.

I understand the nature of these programs for which I am registering and have read and fully understand this Waiver, Release and Hold Harmless Agreement. I further understand that any advisements or warnings of the particular risks of these programs that I subsequently receive will be incorporated by reference into and become part of this agreement.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

