REGISTRATION FORM

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Head of Household Information - Please Print

	First Name:	First Name:			Last Name:			
	Address:	Address: City/State:						
Libert	cvville Birthday:	e Birthday:Home Phone:						
spirit of ind	ependence	Cell Phone:Email:						
Activity Code	Description	Fee	Registrant's Name	M/F	Birthdate	Office Use		
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				1				
Please call	if you need accommodation, in accord 847-247-7651 to confirm.							
	We accept Visa, MasterCard, Discove f Libertyville). Credit card statement					ccepted (payable		
Credit Ca	rd Payment Info (Visa, MasterC	ard, Disc	cover, American Expre	ess)				
Cardholder	r Name		CI	harge A	mount \$			
Authorized	Signature	*						
Account No	umber:		Expiration	Date _	/ C\	/C		
the program(s acknowledged there is an inh Programs may they have sole participate in tincluding medi use of any put release, and the Participant's participant against any ar arising out of, nance, and us property or libe with all Village	ormation: In consideration of The Village of Lii i identified in this Registration Form ("Program I, the Participant, hereby agree as follows: Ack erent risk of injury in the Participant's participar involve strenuous exertion or bodily contact the responsibility, and the Village has no responsible Programs. The Participant agrees to assumical bills, that the Participant may sustain as a polic property involved in the Programs. Waiver elinquish all claims of every kind, including claim to Village and its officers, agents, servants, an articipation therein, or as a result of the condition that shall, and does hereby, indemnify and hold had all claims of every kind, including claims for connected with, or in any way related to the Pie of any public property involved in the Programs, and regulations and instructions concerning the Piewill and without any reservation whatsoever.	ns"), and ottenowledgention in the Phat are haza ibility whate the full ris result of par and Release ms for person manners the personal injurgrams or tems. Interested that their	ther good and valuable consideratent and Assumption of Risk or orgrams, and that, specifically a rdous recreational activities. The ver, to determine whether the Pak of any injuries, including death ticipating in the Programs, or as the of Claims for Injury: The Pai onal injuries, known and unknown, arising out of, connected with ance, and use of any public properties, known and unknown, presented Participant's participation the termination on the Programs is	ation, the of Injury: nd withouse Participant in, and at a a result or ticipant sign, presen or in any perty involvers, or and agreconditions	sufficiency of when the Participant of the Imitation of the ant acknowledges physically fit a sufficient acknowledges physically fit a costs, damage of the condition, hall, and does hot and future that way related to the later of the prograttorneys, and earth of the est a result of the less that they have dupon the Participant and the participant acknowledged when the participant and the participant acknowledged when the participant acknowledge	aich is hereby acknowledges that e foregoing, the es and agrees that nd otherwise able to es, and losses, maintenance, and ereby, waive, the Participant may he Programs or the rams. Indemnity: employees from and articipant may have condition, mainte- e no fundamental ticipant's compliance		
or using Libert ing in an activi promotional pu	ideo footage are periodically taken of people payville Recreation and Sports Complex (LRSC) ity, attending an event, or using LRSC facilities urposes in Department publications, advertising the Department website without additional prio	facilities or p s or property g, marketing	property. Please be aware that to y, you permit the LRSC Departm materials, brochures, event flye	oy register nent to users, social	ring for a progra e these photos media (Faceboo	m or class, participat- and video footage for ok, Twitter, Instagram,		
Χ			Date:	_		·		