

# PEORIA PARK DISTRICT PROCTOR RECREATION CENTER



## Membership Form

309 South DuSable Telephone: (309) 673-9183

Amt. paid \$ \_\_\_\_\_

Membership Type:

Family - \$84 per year or \$10 per month\*

Adult - \$60 per year or \$7 per month\*

\* Scholarships available for those who qualify

Student - \$30 per year\*

Print Name \_\_\_\_\_ Address \_\_\_\_\_ Zip \_\_\_\_\_

Place where parent, guardian or relative can be reached in case of emergency: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Adult Birthdate \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ School \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ School \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ School \_\_\_\_\_

### PEORIA PARK DISTRICT WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware in registering yourself, your child, or ward for participation in this program you will be waiving and releasing all claims for injuries, you or your minor child/ward might sustain arising out of this program.

As a participant in the program or parent/guardian of 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 or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such programs.

I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program against the Park District and its officers, agents, servants, and employees.

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 or my minor child/ward may have or which may accrue to me or my minor child/ward on account of participation in the program.

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 or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program.

In case of accident or sickness, I consent to emergency medical care provided by ambulance or hospital personnel.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Participant or Parent/Guardian)

