

Barrington Park District

Teams Course Waiver and Release of all Claims

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

Program: Barrington Park District's Teams Challenge Course

Location: Ron Beese Park

Participant's Name:

(Please Print) _____

Date: _____

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, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with such program.

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

I do hereby fully release and discharge the Barrington Park District and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages, and losses sustained by me, and arising out of, connected with, or in any way associated with the activities of the program.

I further agree to indemnify and hold harmless and defend the Barrington Park District and its officers, agents, servants, and employees from any and all claims resulting in injuries, damages, and losses sustained by me and arising out of, connected with, or on 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.

Participant Signature:

Date

Parent (Guardian) Signature

Date

(Required if participant is under 18 years of age)

Organization Name:

Emergency Phone Number

Please indicate any medical problems, which may limit your participation on the Teams Course: