

**Program Registration Form—Village of Willowbrook Parks and Recreation Department**

**Head of Household Information (please print)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  Resident  Non-Resident  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Primary Phone: ( ) \_\_\_\_\_ Secondary Phone: ( ) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_ Emergency Phone: ( ) \_\_\_\_\_

	Reference Number	Program Name	Fee	Registrant's Full Name	Birthdate M/D/Y	Gender
1st Program			\$			
2nd Program			\$			
3rd Program			\$			
4th Program			\$			

*The Village of Willowbrook strives to comply with the 1990 Americans With Disabilities Act (ADA). Please indicate if you or any member of your family needs special assistance or accommodations to participate in the programs listed on this form.*

**YES NO**

**Waiver and Release of all claims - Participants 18 years or older**

Please read this form carefully and be aware in signing up and registering yourself for participation in the above described program/activity and any activities associated therewith you will be waiving your rights to claims for injuries you might sustain arising out of this program/activity; and you will be indemnifying, holding harmless and defending the Village of Willowbrook for any claims arising out of the participation in the program/activity.

In consideration of myself being allowed to participate in the program/activity, I recognize and acknowledge that there are certain risks of physical injury associated with the program/activity. I agree to assume the full risk of injuries that I may sustain, as a result of participating in the program/activity and all activities connected or associated therewith. **I agree to indemnify, hold harmless and defend the Village of Willowbrook for any and all claims, injuries, damage or loss on behalf of myself against the Village of Willowbrook as a result of my participation in the program/activity.** The invalidity or unenforceability of any of the provisions hereof shall not affect the validity or enforceability of the remainder of this Agreement.

I have read and fully understand the above Waiver and release of all claims.

\_\_\_\_\_  
 Printed Name of Participant 18 years or older

\_\_\_\_\_  
 Signature of Participant 18 years or older

\_\_\_\_\_  
 Date

**Minor Waiver and Release of all claims - Participant(s) 17 years or younger**

Please read this form carefully and be aware in signing up and registering your minor child/ward for participation in the above described program/activity and any activities associated therewith you will be waiving your rights to claims for injuries you might sustain arising out of this program/activity; and you will be indemnifying, holding harmless and defending the Village of Willowbrook for any claims arising out of the participation of your minor child/ward in the program/activity.

In consideration of my minor child/ward under 18 years of age being allowed to participate in the program/activity, I recognize and acknowledge that there are certain risks of physical injury associated with the program/activity. I agree to assume the full risk of injuries that my minor child/ward may sustain, as a result of participating in the program/activity and all activities connected or associated therewith. **I agree to indemnify, hold harmless and defend the Village of Willowbrook for any and all claims, injuries, damage or loss on behalf of my minor child/ward may have against the Village of Willowbrook as a result of my minor child/ward's participation in the program/activity.** The invalidity or unenforceability of any of the provisions hereof shall not affect the validity or enforceability of the remainder of this Agreement.

I have read and fully understand the above Waiver and release of all claims.

\_\_\_\_\_  
 Names of Minors—17 years & younger

\_\_\_\_\_  
 Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
 Signature of Parent/Legal Guardian

\_\_\_\_\_  
 Date