

# 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: \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_ Emergency Phone( ) \_\_\_\_\_

Reference Number	Program Name	Fee	Registrant's Full Name	Birthdate M/D/Y
1 <sup>st</sup> Choice		\$		
2 <sup>nd</sup> Choice		\$		
1 <sup>st</sup> Choice		\$		
2 <sup>nd</sup> Choice		\$		
1 <sup>st</sup> Choice		\$		
2 <sup>nd</sup> Choice		\$		
1 <sup>st</sup> Choice		\$		
2 <sup>nd</sup> Choice		\$		

Must complete when using **VISA** or **MASTERCARD** (circle one)

Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 # \_\_\_\_\_ Expiration \_\_\_\_/\_\_\_\_ Charge Amount: \$ \_\_\_\_\_

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

**ACKNOWLEDGEMENT OF RISK**

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, 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 program.

**WAIVER OF CLAIM FOR INJURY**

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 Village of Willowbrook and its officers, agents, servants and employees.

I have read and fully understand the above Program Details and Waive and Release of all Claims.

**RELEASE FROM LIABILITY CLAUSE**

I do hereby fully release and discharge the Village of Willowbrook and its officers, agents, servants and employees from any and all claims from injuries, including death, damages or loss which I or my minor child/ward may have or which may accrue to me on account of my participation in the program.

**INDEMNITY AND DEFENSE CLAUSE**

I further agree to indemnify and hold harmless and defend the Village of Willowbrook 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 activities of the program

**SIGNATURE REQUIRED**

DATE \_\_\_\_\_