

Ryerson Welcome Center 21950 North Riverwoods Road Riverwoods, Illinois 60015 847-968-3320 www.LCFPD.org

Name of Child Participant					
Name of Child Participant		Date of Birth		Relation to the Accompanying Adult	
Name of Additional Child Pa	articipant (If Any)	Date of Birth	Rel	ation to the Accompanying Adult	
Name of Participating Adult	Progi	ram Title, Date and Location	n		
				We have read, understand and will abide by the Summer Adventures	
Phone Number	Email Address		initial	guidelines.	
day of the program. P participation in the proyou or your minor chil	Please read this form ogram or programs I Id/ward might sustai	carefully and be awar listed above you will b	e in registeri e waiving an	original signature is required the ng your minor child/ward for dreleasing all claims for injuries	
Important Informati	on				
designed to protect the part Please recognize that the L programs and activities. The themselves or a family men	ticipant's safety. ake County Forest Pres e cost of such medical e nber for a program or ac ealth insurance coverag	erve District does not carry expense would make progr tivity should review their or the does not make the Lake	medical accide am fees prohibi vn health insura County Forest	s and instructions which have been ent insurance for injuries sustained in its tive. Therefore, each person registering ance policy for coverage. It must be Preserve District automatically responsible	
Release of Liability	and Permission	to Secure Treatme	nt		
I recognize and acknowledg	njuries, damages or loss activities connected with	s regardless of severity who or associated with such p	ch I or my mind	ne above program(s) and I agree to or child/ward may sustain as a result of	
assume the full risk of any in participating in any and all at a gree to waive and relinque officers, agents, volunteers. I do hereby fully release and from any and all claims from I further agree to indemnify and employees from any arconnected with, or in any was in the event of any emerger and/or medical personnel at responsible for payment of any emerger.	and employees as a rest discharge the Lake Con injury, damage or loss and hold harmless and all claims resulting from ay associated with the ancy, I authorize the Lake any treatment deemed no any and all medical serv	sult of participation in the p punty Forest Preserve Disti- with the activities of the pr defend the Lake County Form injuries, damages, and activities of the program(s). County Forest Preserve Decessary for me or my mine	gainst the Lake rogram. rict and its office ogram(s). orest Preserve osses sustaine District to secure	ers, agents, volunteers and employees District and its officers, agents, servants d by me or my minor child arising out of, e from any licensed hospital, physician mmediate care and agree that I will be	
assume the full risk of any in participating in any and all at a gree to waive and relinque officers, agents, volunteers. I do hereby fully release and from any and all claims from I further agree to indemnify and employees from any arconnected with, or in any was in the event of any emerger and/or medical personnel at responsible for payment of any emerger.	and employees as a rest discharge the Lake Con injury, damage or loss and hold harmless and hold lalicalims resulting from ay associated with the ancy, I authorize the Lake ny treatment deemed no any and all medical serv	sult of participation in the pounty Forest Preserve Distriction with the activities of the prodefend the Lake County From injuries, damages, and activities of the program(s). It is county Forest Preserve Excessary for me or my minimizes rendered.	gainst the Lake rogram. ict and its office ogram(s). orest Preserve osses sustaine district to secure or child/ward's i	District and its officers, agents, servants d by me or my minor child arising out of, e from any licensed hospital, physician mmediate care and agree that I will be	
assume the full risk of any in participating in any and all at a gree to waive and relinque officers, agents, volunteers. I do hereby fully release and from any and all claims from I further agree to indemnify and employees from any arconnected with, or in any was in the event of any emerger and/or medical personnel at responsible for payment of any emerger.	and employees as a rest discharge the Lake Con injury, damage or loss and hold harmless and hold laims resulting from ay associated with the ancy, I authorize the Lake ny treatment deemed not any and all medical services.	sult of participation in the pounty Forest Preserve Distriction with the activities of the prodefend the Lake County From injuries, damages, and activities of the program(s). It is county Forest Preserve Decessary for me or my minimizes rendered.	gainst the Lake rogram. ict and its office ogram(s). prest Preserve osses sustaine district to secure or child/ward's i	ers, agents, volunteers and employees District and its officers, agents, servants of by me or my minor child arising out of, erfom any licensed hospital, physician mmediate care and agree that I will be est Preserves. I have read and fully understance.	