



**WILMETTE PARK DISTRICT
RECREATION PROGRAM PARTICIPATION AGREEMENT**

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

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 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 against the Park District, its officers, agents, servants and employees for any claims I may have as a result of participating in the program.

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 may have or which may accrue to me on account of my participation.

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 and arising out of, connection to, or in any way associated with the activities of the program.

I have read and fully understand the above Program Details and Participation Agreement.

TEAM NAME _____

Each player must read the above **Recreation Program Participation Agreement**, date and personally sign the form below.

1.	_____ DATE SIGNED	_____ PRINT NAME	_____ SIGNATURE
	_____ ADDRESS	_____ CITY	_____ PHONE
2.	_____ DATE SIGNED	_____ PRINT NAME	_____ SIGNATURE
	_____ ADDRESS	_____ CITY	_____ PHONE
3.	_____ DATE SIGNED	_____ PRINT NAME	_____ SIGNATURE
	_____ ADDRESS	_____ CITY	_____ PHONE
4.	_____ DATE SIGNED	_____ PRINT NAME	_____ SIGNATURE
	_____ ADDRESS	_____ CITY	_____ PHONE
5.	_____ DATE SIGNED	_____ PRINT NAME	_____ SIGNATURE
	_____ ADDRESS	_____ CITY	_____ PHONE
6.	_____ DATE SIGNED	_____ PRINT NAME	_____ SIGNATURE
	_____ ADDRESS	_____ CITY	_____ PHONE
7.	_____ DATE SIGNED	_____ PRINT NAME	_____ SIGNATURE
	_____ ADDRESS	_____ CITY	_____ PHONE

8.	DATE SIGNED	PRINT NAME	SIGNATURE
	ADDRESS	CITY	PHONE
9.	DATE SIGNED	PRINT NAME	SIGNATURE
	ADDRESS	CITY	PHONE
10.	DATE SIGNED	PRINT NAME	SIGNATURE
	ADDRESS	CITY	PHONE
11.	DATE SIGNED	PRINT NAME	SIGNATURE
	ADDRESS	CITY	PHONE
12.	DATE SIGNED	PRINT NAME	SIGNATURE
	ADDRESS	CITY	PHONE
13.	DATE SIGNED	PRINT NAME	SIGNATURE
	ADDRESS	CITY	PHONE
14.	DATE SIGNED	PRINT NAME	SIGNATURE
	ADDRESS	CITY	PHONE
15.	DATE SIGNED	PRINT NAME	SIGNATURE
	ADDRESS	CITY	PHONE
16.	DATE SIGNED	PRINT NAME	SIGNATURE
	ADDRESS	CITY	PHONE
17.	DATE SIGNED	PRINT NAME	SIGNATURE
	ADDRESS	CITY	PHONE
18.	DATE SIGNED	PRINT NAME	SIGNATURE
	ADDRESS	CITY	PHONE
19.	DATE SIGNED	PRINT NAME	SIGNATURE
	ADDRESS	CITY	PHONE
20.	DATE SIGNED	PRINT NAME	SIGNATURE
	ADDRESS	CITY	PHONE