

**MORTON PARK DISTRICT**

349 W. Birchwood, Morton, IL 61550

309-263-7429

**REGISTRATION FORM**

www.mortonparkdistrict.com

Name \_\_\_\_\_ M F Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Activity \_\_\_\_\_ Location \_\_\_\_\_

Day(s) M T W TH F S SU \_\_\_\_\_ Time \_\_\_\_\_

Session Begins \_\_\_\_\_ Session Ends \_\_\_\_\_

**RELEASE AND HOLD HARMLESS AGREEMENT**

In consideration of your accepting the participant for this program, I hereby for myself, the participant and my heirs, executors and administrators, waive and release any and all rights, claims or causes of action which I or the participant may have against the District for any loss, damage or injury arising out of any activity sponsored by the District. If the participant is a minor, I do further agree to indemnify and hold harmless the District, its Commissioners, officers and employees, from any claim for any loss, damage, or injury sustained by the minor, including attorney fees incurred in defense thereof. The participant has no physical disability which would prevent him/her from participating in this program or which would be aggravated by participation in the program. I understand that no medical insurance is provided for program participants and I agree to accept full responsibilities in case of an injury. **REFUND POLICY:** 50% refund granted if refund is before the program begins. **NO REFUNDS** given after a program begins.

Signature \_\_\_\_\_

- Resident
- Non-Resident
- Will Coach
- Will Coach if Needed
- Will Not Coach

Date _____	Amount Paid _____	Program #: _____
Received by _____	Check _____	Cash _____

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