



Camp JAM 2015

Complete this form and return it to
WDSRA, 116 North Schmale, Carol Stream, IL 60188
 Phone: 630- 681-0962 Fax: 630- 681-1262 You may also register online at www.wdsra.com.
PLEASE PRINT ALL INFORMATION BELOW COMPLETELY

Name: _____ Age: _____ Birthdate: _____ Gender: M / F

Address: _____ City: _____ Zip Code: _____

Billing Address (if different than above) _____

Home Phone: () _____ Work Phone–Mom: () _____ Dad:() _____

Cellular/Pager Number: () _____ E-Mail Address: _____

Parents' Names _____ Park District: _____

Emergency Contact Person: _____ Emergency Phone: () _____

Disability: _____ T-Shirt Size: _____

First Name	Birthdate	Program Name	Pick-Up Location	Code	Fee
		Camp JAM 2015		532503-1	N/A

YOU MUST SIGN AND DATE THIS FORM FOR YOUR REGISTRATION TO BE PROCESSED

I have read and fully understand the information on the reverse of this form, warning of risk, assumption of risk and waiver and release of all claims. If registering a minor participant, I further attest that I have read the reverse to my minor child/ward.

 Printed Name of Participant

 Signature of participant (or parent/guardian if under 18)

 Date

Waiver & Release

Western DuPage Special Recreation Association Important Information

The Western DuPage Special Recreation Association (WDSRA) is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. WDSRA continually strives to reduce such risks, and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

Warning of Risk

Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Participants must understand that certain risks, dangers and injuries due to acts of God, inclement weather, slipping, falling, equipment failure, failure in supervision, premises defects and all other circumstances inherent to recreational activities/programs exist. In this regard, it must be recognized that it is impossible for WDSRA to guarantee absolute safety.

Waiver and Release of All Claims and Assumption of Risk

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against WDSRA, including its officials, agents, volunteers and employees (hereinafter collectively referred as WDSRA).

I do hereby fully release and forever discharge WDSRA from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity.

In the event of an emergency, I understand and authorize WDSRA staff and officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for immediate care for myself or minor child/ward and agree that I will be responsible for payment of any and all medical services rendered.

Photo/ Video Release

I hereby authorize and give my consent to WDSRA to photograph/video my child (or me) or to obtain outside photographs/video of my child (or me) participating in WDSRA activities/events/programs, and without limitation, to use such photographs/video in connection with promoting/advertising the services, programs, and facilities of WDSRA, without consideration of any kind

If registering via fax, your facsimile signature shall substitute for and have the same legal effect as an original form signature.

**YOU MUST SIGN AND DATE THE BOTTOM OF THE REVERSE SIDE OF THIS FORM
BEFORE YOUR REGISTRATION CAN BE PROCESSED
PARTICIPATION WILL BE DENIED If the signature of adult participant or parent/guardian
and date are not on the front of this waiver.**