

Annual Waiver



This waiver is for use by those patrons who wish to take advantage of our phone registration option. Complete the form below, including all family members who may possibly wish to utilize our facilities and/or register in our programs. Any change to family status will require a new form to be completed. A renewal e-mail will be sent out to all families with an annual waiver on file.

PHONE REGISTRATION GUIDELINES

- Phone registrations can only be accepted for general programming classes for persons on this form. This cannot be used for As We Grow Preschool, Kid's Connection, Team Oswego gymnastics, scholarships, requests for special accommodations, or payment plans. Oswegoland Park District reserves the right to alter these restrictions at any time. Restrictions will be consistent for all registrants.
- A family account is defined as immediate family members permanently living at a household. Nannies and au pairs are not eligible for a family's account.
- Phone registrations must be done during office hours and cannot be left on voice mail system.
- Resident and non-resident phone registration begins on the first day of each respected registration for each brochure season.
- Phone registration must be paid by credit or debit card. The Park District does not have access to card numbers from previous registrations. Card information must be provided over the phone to make payment. No other form of payment will be accepted, and no programs will be registered without payment.
- Receipts will be e-mailed.

MAIN CONTACT: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ E-MAIL ADDRESS: _____

BIRTHDATE: _____ PRIMARY PHONE #: _____ SECONDARY PHONE #: _____

LAST NAME	FIRST NAME	BIRTHDATE	GENDER

The Oswegoland Park District (the "Park District") is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Park District 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 is physically fit and/or adequately skilled for recreational activities. 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.

Recreational activities are intended to challenge and engage the physical, mental and emotional resources of each participant. 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. Depending on the particular activity, certain risks and dangers may exist due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, lack of safety equipment, inadequate or defective equipment, failure in supervision and instruction or officiating, and premises defects. It is impossible for the Park District 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 the Program(s), 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 the program(s)/activity(ies) (including transportation services, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in the program(s)/activity(ies), and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity that my minor child/ward or I may sustain as a result of participating in any and all activities connected with or associated with the program(s)/activity(ies). 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 the Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred to as "Parties"). I do hereby fully release and forever discharge the Parties 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 the program(s)/activity(ies). I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature. Photos and video footage are periodically taken of people participating in a Park District program or activity, attending a class or event, or using District facilities or property. Please be aware that by registering for a program or class, participating in an activity, attending an event, or using District facilities or property, you authorize the District to use these photos and video footage for promotional purposes in District publications, advertising, marketing materials, brochures, event flyers, social media (including Facebook, YouTube, Instagram, Twitter, and other social media sites operated by the District), and the District's website without additional prior notice or permission and without any compensation to you. All photos and videos are property of the District.

It is understood that this Annual Waiver shall be applicable, including the waiver and release of all claims, for participation in programs and activities and all registrations done over the phone for all persons listed on the document for a period of one year. I have carefully read the Insurance Liability Waiver on this form and understand that my signature is required below in order for myself or my child/ward to participate in Oswegoland Park District programs. My signature also authorizes payment via the credit/debit card number given over the phone for each registration done for persons listed on this document for one calendar year.

Signature of Adult Participant or Parent/Guardian _____ Date _____

Signature of Additional Adult Participant _____ Date _____