



2024 LIABILITY RELEASE FORM
Si View Metropolitan Park District

Participant Name (First, Last): _____ Date of Birth: _____

Guardian Name (For Minors only): _____

Address (Street, City, Zip): _____

Day Phone Number: _____ Cell Phone Number: _____

E-mail: _____

AGREEMENT, WAIVER AND RELEASE

In consideration of being allowed to use Si View Metropolitan Park District facilities and/or to participate in District-sponsored activities, I hereby waive, release, and discharge any and all claims for damages, personal injury, illness, death or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity.

MEDICAL TREATMENT: I hereby give permission that I may be given emergency treatment, to include First Aid and CPR by a qualified staff member. I also give permission that I may be transported by ambulance, treated by aid car personnel and/or transported to an emergency center for treatment.

INSURANCE: It is the responsibility of every individual, their parent or legal guardian to provide their own accident and health coverage while participating in all Si View Metropolitan Park District programs activities. I understand and agree that Si View Metropolitan Park district is not responsible for any charges related to emergency medical service provided as described above.

PHOTOGRAPHY: I hereby consent to and grant the Si View Metropolitan Park District the right to use my name, voice, signature, photograph, or likeness for any lawful purpose. I understand that Si View Metropolitan Park District may, at its discretion, photograph me and/or make recordings of my voice, an/or reproduce my physical likeness as it may appear in any still camera photograph and/or motion picture film or video tape and/or recordings of my voice for use in connection with any exhibition, promotional activity, advertisement and broadcast, on television and any motion picture film or video tape.

DISCRIMINATION STATEMENT The Si View Metropolitan Park District does not discriminate based on race, creed, color, ethnicity, national origin, sex, age, marital status, or sexual preference.

This waiver will stand correct and complete until an updated waiver is signed and dated. By enrolling in reoccurring activities offered by the Si View Metropolitan Park District, I agree that the information contained on this waiver is current and correct, and will represent that participant in the current activity. When this information is no longer correct, it is my responsibility to complete a new waiver with the correct information.

I AGREE TO COMPLY WITH ALL FACILITY AND PROGRAM RULES AND REGULATIONS ESTABLISHED BY THE SI VIEW METROPOLITAN PARK DISTRICT. I CERTIFY THAT I HAVE READ THE FOREGOING AND FULLY UNDERSTAND THE MEANING AND EFFECT THEREOF.

FOR GUARDIANS OF MINORS

PARTICIPATION AUTHORIZATION: I give permission for my child to participate in activities, field trips, swimming, and to be transported as authorized by the Si View Metropolitan Park District.

PARENTAL CONSENT I hereby consent that my son/daughter named above, participate in the above activity, and I hereby execute the above Agreement, Waiver and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of the death or any injury, illness or property damage that said minor may sustain while participating in said activity.

CONSENT TO TREATMENT OF MINOR: I hereby give permission that the above named participant may be given emergency treatment, to include First Aid and CPR by a qualified staff member. I also give permission for the above named participant to be transported by ambulance, treated by aid car personnel and/or transported to an emergency center for treatment. In the event that I cannot be contacted, I further authorize and consent to the administration of any and all medical, dental, and surgical examinations or operations and treatment or all other related care, including the administration of drugs, tests, injuries anesthesia, and/or blood transfusions to the above named minor person that may be ordered by the physician and/or dentist in attendance at the medical center deemed necessary for emergency treatment. I hereby consent to the release of medical reports to any doctor or agency and consent to the admission of the above named minor person to the hospital. I certify that I am the parent or legal guardian of the above mentioned participant and that I have authority to authorize such treatment.

CPS STATEMENT: The Si View Metropolitan Park District is mandated to report all suspected and visual signs of child abuse or neglect to the Department of Social Health Services division of Child Protective Services.

Signature _____

Print Name _____

Date _____