

Park View Health & Fitness

1401 N. Midlothian Road, Mundelein, IL 60060
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www.mundeleinparks.org



CONNECTING OUR COMMUNITY

Open Gym / Youth Waiver

<input type="checkbox"/> Paid	<input type="checkbox"/> Free	<input type="checkbox"/> Pass	Date: _____	Staff Entered: _____	ActiveNet Membership <input type="checkbox"/>
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A valid Driver's License or High School ID, if under 16, is required to enter Open Gym.

Name: _____ Date of Birth: _____

Parent/Guardian Name: _____ School: _____
(If Applicable) (If Applicable)

Address: _____ City/State/Zip: _____

Email: _____ Phone: _____

Emergency Contact Name: _____ Emergency Phone: _____

Children under the age of 12 must be accompanied by a parent the entire time the child is in the gym. If their parent is a member, the child will need to have a signed waiver on file, but no fee is charged. If their parent is not a member, both the parent and child must pay the open gym fees and both must have signed waivers on file.

Any child 12 and over can participate without a parent in open gym with a signed waiver on file, and paying the open gym fee. Waivers must be signed by a parent or legal guardian.

BASKETBALL PROGRAM WAIVER & RELEASE

IMPORTANT INFORMATION

The Mundelein Park & Recreation District (MPRD) is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. MPRD 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 activity must recognize that there is an inherent risk of injury when choosing to participate in recreational programs/activities.

You are solely responsible for determining if you or your minor child/ward is physically fit and/or adequately 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

Basketball is 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. All hazards and dangers cannot be foreseen. Certain risks include, but are not limited to, collisions between players and stationary objects, inability to stop one's momentum and encountering off court dangers/hazards, unnecessary roughness (elbowing, hip checks, undercutting other players in the air, tripping and shoving), slip and falls, attempting a maneuver beyond the player's skill level (i.e. attempting a dunk), poor officiating, improper personal protective equipment, slippery floors, inadequate or unsafe playing conditions, failure in supervision, unsportsmanlike conduct, dangerous/defective court conditions, and all other circumstances inherent to sport of basketball. In this regard, it is impossible for MPRD 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 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 activity (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this 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 activity against the MPRD, including its officials, agents, volunteers and employees.

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 a minor participant, I further attest that I have read the above to my child/ward.

Printed Name (Must be 18 yrs or older; or Parent/Guardian) Signature (Must be 18 yrs or older; or Parent/Guardian) Date _____