

WAIVER/REGISTRATION FORM

For Family and Individual Programs

Family last name: _____ Telephone: _____

Address: _____ City: _____ Zip: _____

Another telephone number where you can be reached: _____

Name of Program, Date & Time: _____

Name of Program, Date & Time: _____

Name of Program, Date & Time: _____

Name of Program, Date & Time: _____

Name of Program, Date & Time: _____

Name of Program, Date & Time: _____

Participant's Name & Birth Date (if a minor): _____

Participant's Name & Birth Date (if a minor): _____

Participant's Name & Birth Date (if a minor): _____

Participant's Name & Birth Date (if a minor): _____

Participant's Name & Birth Date (if a minor): _____

Participant's Name & Birth Date (if a minor): _____

Fees due \$ _____ Paid by Cash _____ or Check # _____

(No registration is complete until this form is completed, signed and fee is paid)

Refunds: Our FIRM policy is 5 working days' notice for a full refund if a family or person cancels. If L.K. cancels, we will refund the party in full.

Please read this form carefully:

Please read this form carefully and be aware in signing up and participating in this program, or by registering your minor child/ward for participation in this program, you will be waiving your rights and/or the rights of your minor child/ward to all claim for injuries you and/or your minor child/ward might sustain arising out of this program; and you will be required to indemnify, hold harmless and defend the City of Palos Heights for any claims arising out of participation in the program designated.

As a participant or as a parent or legal guardian of a participant under 18 years of age, in a Lake Katherine Nature Preserve program, I recognize and acknowledge that there are certain risks of physical injury. I agree to assume the full risk of any injuries, damages or loss which I may sustain, or may be sustained by my minor child/ward, as a result of participating in and all activities connected with or associated with such a Program. I agree to waive and relinquish all claims I may have as a result of participating in the program against the City of Palos Heights and Lake Katherine Nature Preserve and its officers, agents and employees. I agree to allow the Lake Katherine Nature Preserve to use mine and my family in any photo, audio and/or videotape for any publicity used by the City. I do hereby fully release and discharge the Lake Katherine Nature Preserve and its offers, agents and employees from any and all claims from injuries, damage or loss which I, or my minor child/ward, may have or which may occur to me, or my minor child/ward, on account of my/our participation in the program. I further agree to indemnify and hold harmless and defend the City of Palos Heights and the Lake Katherine Nature Preserve and its officers, agents and employees from any and all claims sustained by me, or my minor child/ward, and arising out of, connected with, or in any way associated with the activities of the program. I have read and fully understand the above Program details and Waiver and Release of all claims.



Signed _____ **Date** _____

Office Use:

Docent/Staff Name _____ (Make sure each name is listed on the individual program roster)

Waiver Required

For insurance purposes, Lake Katherine N.C.B.G. Programs and activities require a signed waiver. Please sign the waiver section on the registration form. Patrons WILL NOT be able to participate in classes or programs if the waiver is not signed. Refunds cannot be given for failure to sign the waiver.

Age Requirement

Unless otherwise stated, participants must be the age required in the program description by the first day of class. All of our programs and classes are designed for participants of the age indicated. Thank you for your honesty and cooperation.