

Please fill out both pages of the waiver completely and return to:

Macomb Park District Main Office

1406 North Randolph St.

Macomb, IL 61455

Waivers are valid for the calendar year of program sign up. To be registered for a program, payment must be made as well as a valid waiver on file.

MACOMB PARK DISTRICT



309-833-4562

website: parks.macomb.com
email: parks@macomb.com
address: 1406 North Randolph St.

**MACOMB PARK DISTRICT PROGRAM
ENROLLMENT AND WAIVER
(Please Print)**

Date of Enrollment: ____/____/____

Program Title: _____

Dates of Program: From ____/____/____ To ____/____/____

Participant Name: _____ Birth Date: ____/____/____

Participant Address: _____ City _____ Zip Code _____

Home Telephone #: (____) _____ Work Telephone #: (____) _____

Emergency Contact: _____ Telephone# (____) _____

Physician Name: _____ Telephone# (____) _____

Physician Address: _____ City _____ Zip Code _____

Do you need an accommodation based on a disability? ____ Yes ____ No

Trained support staff will be made available to assist participants with disabilities during the program. The staff can then work with one on one; assistance with supervision; physical assistance; and other specific areas of special needs.

If you answered YES to special accommodations, please list any allergies and/or medical information pertinent to the accommodations required: (An accommodation form will be necessary in order to provide the information for the correct accommodation.) _____

If the participant is under 18 years of age :

Parent/Guardian Name: _____

Address: _____ City _____ State _____ Zip Code _____

Home Telephone #: (____) _____ Work Telephone #: (____) _____

Email Address _____

- Please complete necessary information on the back of this form.

PHOTO POLICY: *Park District staff videotape or photograph individuals selected programs, classes, events, and park facilities. These photographs can be used for Park District use only in publications, flyers, brochures, and television ads. All photos and videos taken become the sole property of the Park District.*

I _____ **GIVE PERMISSION** to the Macomb Park District to videotape or photograph me as a program participant. I further, understand these images could be used in publications, flyers, brochures, and television ads.

I _____ **DO NOT** give permission for any photographs or videotapes used as stated above under any circumstance.

This authorization shall include all programs in which the above person is enrolled in. I hereby waive, release, absolve, indemnify and agree to hold harmless the Macomb Park District, program leaders, participants, and persons transporting the participants to and from those activities, for any claim arising out of an injury to the participant. In the event, I am unable to speak upon my behalf, I grant permission to the program leaders of the Macomb Park District to obtain medical care from any licensed physician, hospital or medical clinic.

Parent/Guardian/Participant Signature: _____

Date: _____ / _____ / _____

Enrollment waivers are renewed each year of participation and remain in the Macomb Park District files for a term allowed by law for all participant records. Thank you for your participation in the Macomb Park District Programs.

Revised February 17, 2010