

LIBRARY CARD #: _____ STAFF INITIALS: _____

**MOKENA COMMUNITY PUBLIC LIBRARY DISTRICT
PROGRAM REGISTRATION and WAIVER FORM**

This Form must be completed in its entirety.
Registration will not be accepted without complete information.

LAST NAME _____ FIRST NAME _____

GENDER M _____ F _____ BIRTHDATE ____/____/____

IF UNDER 18 YEARS OF AGE, PARTICIPANT'S PARENT(S)/LEGAL GUARDIAN(S)

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE (____) _____ - _____ CELL PHONE (____) _____ - _____

E-MAIL ADDRESS _____@_____

EMERGENCY CONTACT _____ RELATIONSHIP _____

HOME PHONE (____) _____ - _____ CELL PHONE (____) _____ - _____

By registering as a participant in the _____ Program at the Mokena Community Public Library District on _____ (date), I agree to the following waiver, release of all claims, indemnification and assumption of risk: This waiver is valid for one year from above date.

1. I am aware of physical risks involved with the Program and understand that it is my personal responsibility to consult my physician or my minor child/ward's physician prior to my participation or my minor child's participation in any program or prior to receiving instruction. I also understand that if at any time during any program that I feel discomfort or strain, or my minor child feels discomfort or strain, that it is my responsibility or the responsibility of my minor child to cease the activity and consult with my physician or my minor child/ward's physician if deemed necessary.

I AGREE THAT I AM SOLELY RESPONSIBLE FOR MY DECISION TO PARTICIPATE IN THIS PROGRAM OR THE DECISION OF MY MINOR CHILD TO PARTICIPATE IN THIS PROGRAM AND THAT NEITHER I NOR MY MINOR CHILD HAVE A KNOWN MEDICAL CONDITION WHICH WOULD PREVENT ME OR MY MINOR CHILD FROM TAKING PART IN THIS PROGRAM. I ASSUME RESPONSIBILITY FOR ANY RISK OR INJURY THAT I MAY SUSTAIN AS A RESULT OF MY PARTICIPATION OR THAT MY MINOR CHILD MAY SUSTAIN AS A RESULT OF HIS/HER PARTICIPATION.

2. I will not hold the Mokena Community Public Library District, its officers and employees, associated instructors, or any other employees responsible for any injuries suffered by me or my minor child caused in whole or part by my failure or the failure of my minor child to follow the instructions given or by any physical impairment of mine or my minor child. I understand that it is my responsibility or the responsibility of my minor child to advise the Mokena Community Public Library District and program presenters of any physical conditions that may limit my participation in this program or my minor child's participation in this program and to work only within my limitations and the limitations of my minor child.

3. I hereby release and agree to defend, indemnify and hold the Mokena Community Public Library District, its officers and employees harmless from any and all liabilities, claims, injuries or damages of whatever nature, arising from, as a result of or on account of, directly or indirectly, observing or participating in this program.

4. I agree that the Mokena Community Public Library District and/or the presenter are not responsible in the event of loss, damage, unauthorized use, theft or injury resulting from and to any personal property that I or my minor child bring onto the premises.

5. I understand that Mokena Community Public Library District and/or the presenter reserve the right to refuse admittance to anyone they think may pose a health risk to themselves or others.

6. I agree that this waiver, release of all claims, indemnification and assignment of the risk agreement is intended to be as broad and inclusive as permitted by Illinois law, and that, if any portion hereof is held invalid, I agree that the balance thereof will continue in full legal force and effect.

7. In the event of any emergency, I authorize the Mokena Community Public Library District and its officers, employees, or associates, instructors or agents to secure from any licensed hospital, physician and/or medical personnel any treatment deemed reasonable and necessary for my or my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

8. I have carefully read, fully understand and agree to the above stated conditions of participant. I am aware that this is a waiver, release, indemnification and assumption of risk agreement between me and the Mokena Community Public Library District, and I sign it of my own free will.

SIGNATURE: _____ DATE _____

(Participant, or Parent/Guardian if under 18.)

PRINTED NAME: _____

ACKNOWLEDGED: _____ DATE _____

PRINTED NAME: _____