



Oak Lawn Park District FLASH Waiver, Release of All Claims & Assumption of Risk

I am the parent or legal guardian of my minor child/ward _____, (hereinafter the "minor") who will be participating in the FLASH program at the Oak Lawn Park District, (hereinafter the "Program"). I recognize and acknowledge that there are certain risks of physical injury, including death, in participating in this program. I voluntarily agree to assume the full risks of any injury (including death), damage, or loss which the minor may suffer, or which I may suffer as a result of the minor's injuries, as a result of participating in any manner in any and all activities arising out of, connected with, or in any way associated with such Program, including, but not limited to activities held on or off park district property (and transportation services, when provided).

I understand that I am solely responsible for determining whether the minor is physically fit and has reached the skill level necessary to safely participate in the Program and I affirm that the minor may safely participate in this program. I further acknowledge that I have received, read, and understand the Parent Handbook for the FLASH program and fully agree to its terms, policies, and procedures.

I agree to waive and relinquish any and all claims the minor or I may have (or may accrue to the minor or me), as a result of the minor's participation in the Program, against the Oak Lawn Park District and its independent contractors, officers, agents, volunteers, servants, employees, any and all other participating or cooperating agencies and entities, of whatever nature (hereinafter collectively referred to as "District"), that might be directly or indirectly liable for any injuries that the minor might sustain while participating in the Program. I do hereby fully release and forever discharge, waive and release the District from any and all claims from injuries, damages, or losses sustained by me or the minor and arising out of, connected with, or in any way associated with the Program (including transportation services, when provided).

In the event of an emergency, I authorize the District to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for the minor's immediate care and agree that I will be responsible for payment for any and all medical services rendered.

PHOTO/VIDEO AUTHORIZATION AND CONSENT

I hereby authorize and give my consent to the Park District to photograph/video the minor, and without limitation, to use such photographs/video in connection with promoting/advertising the services, programs, and facilities of the Park District (including website promotions) without consideration of any kind.

I have read and fully understand the above assumption of risk, waiver and release of all claims and photo/video authorization and consent. I swear or affirm that I am the parent or legal guardian of the minor I am enrolling in the FLASH program of the Oak Lawn Park District, and that I have legal authority to enroll the minor in this program and to authorize emergency medical treatment for the minor.

SIGNATURE OF PARENT/LEGAL GUARDIAN _____ Date: _____