



## Oak Brook Park District

1450 Forest Gate Road

Oak Brook, IL 60523

Phone: 630-990-4233

Fax: 630-990-8379

### ADULT ATHLETIC TEAM PROGRAM WAIVER

Sport: \_\_\_\_\_ Season: \_\_\_\_\_

Team Name: \_\_\_\_\_

Team Captain: \_\_\_\_\_

The Oak Brook Park District is committed to conducting its recreation programs and activities in the safest manner possible and holds the safety of participants in the highest regard. Participants and parents registering themselves for a recreation program must recognize however, that there is an inherent risk of injury when choosing to participate in recreation activities. The Oak Brook Park District continually strives to reduce such risks and insists that all participants follow safety rules, guidelines and instructions which have been designed to protect the participant's safety.

Please recognize that the Oak Brook Park District does not carry medical accident insurance for injuries sustained in its programs. The cost of such would make program fees prohibitive. Therefore, each person registering him/herself or a family or family member for a recreation program/activity should review their own health insurance coverage. It must be noted that the absence of health insurance coverage does not make the Oak Brook Park District automatically responsible for the payment of medical expenses.

Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for the District requires the execution of the following Waiver and Release. Your cooperation is greatly appreciated.

**OAK BROOK PARK DISTRICT PARTICIPATION WAIVER AND ROSTER FORM/  
RELEASE OF ALL CLAIMS & EMERGENCY TREATMENT PERMISSION FORM**

**SPORT:** \_\_\_\_\_

**DAY/DATE(S) OF PROGRAM:** \_\_\_\_\_

Please read this form carefully and be aware that by signing this form and participating in this program, you will be waiving and releasing all claims for injuries you might sustain arising out of this program.

As a participant in this Oak Brook Park District program, I recognize and acknowledge that there are certain risks of physical injury, and I waive and relinquish all claims I may have as a result of participating in this program against the Oak Brook Park District and its officers, agents, servants, and employees. I further agree to indemnify, arising out of, connected with, or in any way associated with the activities of this program. I plan to participate in this program, and I hereby waive, release and forever discharge any and all claims against the Oak Brook Park District or its commissioners, employees, or volunteers for damages and/or injuries, including death which may arise from my participation in this program.

I understand that I may not be treated, even in an emergency situation, except when, in the opinion of the attending physician, life is in the balance. Written consent is required for all other treatment which is deemed non-life threatening. Accordingly, I do hereby authorize treatment for myself in the event of a medical emergency during my participation in this program.

I have read and fully understand Registration Policies, the "Release and Hold Harmless Agreement" and the "Emergency Treatment Permission" This release and medical authorization form is complete and signed of my own free will, even though I understand it is a requirement for participation in this program.

After carefully reading this form, please print your name, address, and phone number on the waiver/roster form. Each participant must then sign his/her name in the right hand column before participating on this program. Thank you for your cooperation.

**WAIVER/ROSTER FORM ON NEXT PAGE**

