



# REGISTRATION FORM - A

## 2018 - 2019

*\*This form must be accompanied by a current Annual Information Form (AIF). (AIF) should be completed once annually.\**

<b>FIRST NAME:</b> _____	<b>LAST NAME:</b> _____
<b>CELL PHONE:</b> _____	<b>E-MAIL:</b> _____

PROGRAM NAME	PROGRAM NUMBER	FEE
		\$
		\$
<i>A \$5 administrative fee will be charged for any programs for which you register and then drop prior to the event date. A program cancelled by the office (weather/facility conflict) will NOT incur a fee.</i>		\$

Return with **check payable to "WDSRA"**, 116 N Schmale Rd, Carol Stream IL 60188. Or list CC info below:

<b>Type of CC:</b> _____	<b>Cardholder's Name:</b> _____	<b>CCV2 #:</b> _____
<b>Card/Acct #:</b> _____	<b>Expiration Date:</b> _____	

### WAIVER & RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK FOR COOPERATIVE ADAPTIVE SPORTS PROGRAMS

I give permission to Synergy, WDSRA and/or NEDSRA staff and/or representatives and/or representatives from competing organizing committees and/or local sport team representatives to seek medical care on my behalf in the event of an emergency.

I agree to wear a helmet when participating in activities such as outdoor rock climbing, cycling, and any other activities when directed by Synergy, WDSRA, and/or NEDSRA staff/coaches or collaborating agency staff/instructors. I understand that a helmet is in no way a guarantee of safety and that no helmet can protect the wearer against all foreseeable impacts to the head. I agree to assume full responsibility for complying with this paragraph and that Synergy, WDSRA and/or NEDSRA, their respective member park districts and communities, adaptive sports program host agencies, officials, employees, volunteers, companions, and agents shall not be liable for any injury or damages resulting from participant's failure to use a helmet.

Programming takes places in public areas. By signing this release I authorize and consent to WDSRA and NEDSRA taking photographs/video of myself and/or my child/ward or to obtain outside photography/video of myself and/or my child/ward participating in any cooperative adaptive sports activity/event/program, and without limitation, to use such photographs/video in connection with promoting/advertising the services, programs and facilities of WDSRA and/or NEDSRA, without consideration of any kind. I understand that if for any reason I wish for my photo not to be used for any of these stated purposes that it is my responsibility, prior to use, to notify the Synergy AA Coordinator directly via e-mail at [jasons@synergyaa.com](mailto:jasons@synergyaa.com).

The Western DuPage Special Recreation Association ("WDSRA") and Northeast DuPage Special Recreation Association ("NEDSRA") are committed to conducting cooperative recreation programs and activities in a safe manner and hold the safety of participants in high regard. WDSRA and NEDSRA continually strive to reduce such risks and insist that all participants follow safety rules and instructions that are designed to protect the participant's safety. However, participants and parents/guardians of participants registering for adaptive sports programs/activities must recognize that there are inherent risks of personal injury.

You are solely responsible for determining if you or your child/ward is physically fit and/or adequately skilled for any adaptive sports activity or program contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or has recently suffered an illness, injury or impairment, to consult the appropriate health care provider before engaging in any adaptive sports program/activity.

#### WARNING OF RISK

Recreational activities and adaptive sports programs are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any adaptive sports activity. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks,

dangers and injuries may exist due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike or inappropriate conduct, premises defects, inadequate or defective equipment, inadequate or negligent supervision, instruction or officiating, negligent operation of a motor vehicle, and other risks inherent to participation in any adaptive sports program/activity. In this regard, it is impossible for WDSRA or NEDSRA to guarantee absolute safety.

**WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK**

Please read this form carefully and be aware that in signing up and participating in any and all WDSRA and NEDSRA cooperative programs/activities for the September 2018 – December 2019 calendar year, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your child/ward might sustain as a result of participating in any and all activities connected with and associated with these programs/activities (including transportation services, when provided).

I recognize and acknowledge that there are certain risks of physical and emotional injury to participants in any adaptive sports program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in any program/activity (including transportation services) against Western DuPage Special Recreation Association (WDSRA), Northeast DuPage Special Recreation Association (NEDSRA), and their respective member park districts and communities, adaptive sports program host agencies, officials, employees, volunteers, companions, and agents.

I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this activity. I further agree that this agreement shall be governed by the State of Illinois.

<b>NAME OF ATHLETE:</b> _____	<b>SIGNATURE:</b> _____
<b>NAME OF PARENT/GUARDIAN (IF MINOR):</b> _____	<b>DATE:</b> _____

**FORMS MAY BE RETURNED:**

**Via E-mail:** [information@synergyaa.com](mailto:information@synergyaa.com)

**Via Mail:** WDSRA, Attn: Synergy, 116 N Schmale Rd, Carol Stream IL 60188

**QUESTIONS?**

**E-mail:** [information@synergyaa.com](mailto:information@synergyaa.com)

**Phone:** 630-384-8542 (Office Direct)