BARRINGTON PARK DISTRICT WAIVER, RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT

Program: Barrington Park District Teams and GeoTeam Challenge Courses Location: Ron Beese Park or off-site location _____ Date: _____ Participant's Name (please print): ___ Participant's Emergency Phone Number: Please indicate any medical problems or allergies, which may limit your participation: Please read this form carefully and be aware that, in signing up and participating in the above program, you will be waiving and releasing all claims for injuries, arising out of this program, that you or the above participant might sustain. The terms, "I," "me," and "my" also refer to parents or quardians, as well as the participants in the program. In registering for the program, you are agreeing as follows: As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risks of any injuries, including death, damages or loss that I may sustain as a result of participating, in any manner, in any and all activities connected with or associated with such program. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risk of injury. I agree to waive and relinquish any and all claims I may have as a result of participating in the program against the Barrington Park District, any and all other participating or cooperating governmental units, any and all independent contractors, officers, agents, servants and employees of the governmental bodies and independent contractors, and any and all other persons and entities, of whatever nature, that might be directly or indirectly liable for any injuries that I might sustain while participating in the program. (The parties described in the preceding sentence are referred to as "released parties" in the remainder of the Agreement.) I do hereby fully release and discharge the Barrington Park District and any and all other released parties from any and all claims resulting from injuries, including death, damages and losses sustained by anyone, and arising out of, connected with or in any way associated with, my conduct and the activities of the program. I further understand and agree that the terms such as "participation," "program," and "activities," referred to in this Agreement, include all exercises and physical movements of any nature while I am participating in the program, and further include the provision of or failure to provide proper instruction or supervision, the use and adjustment of any and all machinery, equipment and apparatus and anything related to my use of the services, facilities or premises involved in the program. I understand the nature of the program for which I am registering and have read and fully understand this Waiver, Release and Hold Harmless Agreement. I further understand that any advisements or warnings of the particular risks of this program that I subsequently receive will be incorporated by reference into and become a part of this Agreement. WARNING OF RISK: The Teams and GeoTeam Challenge Courses are a series of challenging activities intended to engage the physical, mental and emotional resources of each participant. However, despite careful and proper preparation, instruction, medical advice, condition and equipment, there is still a risk of serious injury, including back injury, spinal cord injury, head/brain injury, bone and joint injury, muscle strain and other muscle injuries. This list is by no means complete, but includes some of the more common injuries. I have read and fully understand the above risk warnings of the program. I understand that the Barrington Park District does not provide insurance protection against injuries sustained by program participants, and I fully accept the risk of injury. BARRINGTON PARK DISTRICT - PHOTO RELEASE: I understand that my child/ward or I may be photographed or videotaped while participating in a Barrington Park District program. I give my permission for photos and videotapes of my child/ward or myself to be used to promote the Barrington Park District. Such photos and videotapes will remain the property of the Barrington Park District. Signature of Participant Date

Date

Signature of Parent or Guardian