



# City of Country Club Hills Park & Recreation Department Program Application



First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone (optional) \_\_\_\_\_ Shirt Size \_\_\_\_\_

Program Name	Dates	Day of Program	Time of Program	Fee	Recd .By	Age

**All fees must be paid at Country Club Hills City Hall located at 4200 West 183<sup>rd</sup> Street  
Make checks payable to City Collector - City of Country Club Hills**

**City Hall Hours:**

**Monday - 8:00 a.m. until 8:00 p.m. Tuesday thru Friday - 8:00 a.m. until 5:00 p.m. Saturday - 8:00 a.m. until Noon  
(Please DO NOT use night drop for Program Payments)**

### WAIVER - RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT FOR THE CITY OF COUNTRY CLUB HILLS ACTIVITY PROGRAM

Please read this form carefully and be aware that by participating in this program, you will be waiving your rights to all claims for injuries, damage or loss which may occur as a result to your participation in this event.

**RISK OF INJURY:** "As a participant in this program, I recognize and acknowledge that there are certain risks of physical injury. I agree to assume the full risk of injuries, including death, damages, or loss which may be sustained as a result of participating in any and all activities associated with this program."

**WAIVER OF INJURY CLAIMS:** "I agree to waive and relinquish any and all claims I may have arising out of, connected with, or in any way associated with the activities of the program."

**RELEASE FROM LIABILITY:** "I do hereby fully release and discharge the **City of Country Club Hills** and its officers, agents and employees from any and all claims from injuries, including death, damage or loss which may occur as a result of my participation in this program."

**INDEMNITY AND DEFENSE:** "I further agree to indemnify, hold harmless and defend the **City of Country Club Hills**, and its officers, agents, and employees from any and all claims from injuries, including death, damages and losses sustained by me arising out of, connected with, or in any way associated with the activities of this program."

In the event of any emergency, I authorize the **City of Country Club Hills** to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed reasonable and necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

**I have read and fully understand and agree to the above stated conditions of participating in  
City of Country Club Hills Activity Program(s).**

\_\_\_\_\_  
Print Name of Participant

\_\_\_\_\_  
Print Name of Participant's Parent/Guardian

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant's Parent/Guardian