YOU ARE INVITED

PHILLIPS PARK family aquatic center

LET'S PARTY!

BRING THIS COMPLETED WAIVER TO THE PARTY AT PHILLIPS PARK FAMILY AQUATIC CENTER IN ORDER TO PARTICIPATE IN AQUATICS ACTIVITIES. WAIVERS ARE AVAILABLE TO SIGN AT THE AQUATIC CENTER.

Phillips Park Family Aquatic Center

828 MONTGOMERY RD, AURORA 60505

Party for _____ **Date**_____ **Time** _____ **a.m./p.m.**

Call _____ **RSVP by** _____

Please read this form carefully and be aware that in signing up and participating in this activity, 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 minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this activity. I recognize and acknowledge that there are certain risks of physical injury to participants in this activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor 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 this activity against the District/including its officials, agents, program instructors, volunteers and employees. I hereby authorize and give my consent to the District to photograph/video my child (or me), and without limitation, to use such photographs/video in connection with promoting and/or advertising the services, programs, and facilities of the District, without consideration of any kind. I have read and fully understand the above important information, warning of risk, assumption of risk, waiver and release of all claims, and photo/video authorization.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE INFORMATION, WARNING OF RISK, ASSUMPTION OF RISK, WAIVER AND RELEASE OF ALL CLAIMS, AND PHOTO/VIDEO AUTHORIZATION.

Participant Name _____

Participant Name _____

Participant Name _____

Participant Name _____

Participant Name _____

Parent/Guardian _____ **Contact Number** _____

Parent/Guardian Signature _____