CHICAGO PARK DISTRICT
WAIVER AND RELEASE

I wish to participate in the "BEEP BASEBALL PROGRAM" (the "Program') either as a player, coach or in a volunteer capacity such as driving participants to and from activities. In consideration for my involvement in the Program, I agree that 1 will not hold the Chicago Park District, its employees, agents, sponsors, officers, volunteers or Board of Commissioners ("Chicago Park District') responsible for any injuries or losses I might incur while traveling to, participating in or returning from the Program. I hereby acknowledge that there is a risk of sustaining injury or illness or economic loss while participating in the Program or in driving to or from the Program.

I hereby grant permission to the Chicago Park District for the use of any and all photos in which I may appear and agree to waive any claim to compensation for the use of said photos by the Chicago Park District or by sponsors of the Program.

I hereby release and discharge the Chicago Park District from any and all claims, demands, damages, actions, and causes of action which may accrue as a result of injuries or losses I might sustain during participation in the Program. I agree to indemnify and hold harmless the Chicago Park District against any and all claims or actions for damages brought on account of any claims or damages arising from participation in the Program.

EMERGENCY CONTACT

In the event of an illness, injury or medical emergency arising during the Program or while traveling to or from the Program, I hereby authorize and give my consent to the Chicago Park District to secure from any accredited hospital, clinic and/or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me, including but not limited to medications, treatment, and hospitalization. I represent to the Chicago Park District that I have secured adequate insurance against any injury or loss that I might sustain during participation in the Program or while traveling to or from the Program.

Please fill in the following:

Name_____ Relationship _____ Phone #'s _____ (Work) (Home)

Family Physician _____ Phone _____

Insurance Co. _____ Policy No. _____ Phone _____

Known Allergies to any medications: _____ _____

I declare that I have exercised my own judgment in signing this Waiver and Release, and I further declare that my decision to sign this Waiver and Release was voluntary and not based on or influenced by any representation of the Chicago Park District.

Date: _____ Name (please print) _____

Signature _____ _____

Address_____ Phone Number _____

_____ _____

PARTICIPATION WILL BE DENIED IF THIS WAIVER AND CONSENT IS NOT COMPLETED AND SIGNED WITHOUT MODIFICATION