



# **2021 Cole Park Recreational Disc Golf Tournament**

**COLE PARK DISC GOLF TOURNAMENT REGISTRATION**

**PARTICIPANT INFORMATION**

First Name:	Last Name:		
Address:	City:	State:	Zip:
DOB:	Age as of October 16, 2021		
IF MINOR COMPLETE THE PARENT/GUARDIAN INFO:    PARENT    GUARDIAN			
Father's Name:			
Father's Number:	Is this a cell Phone?   Y   N	Text Notification?   Y   N	
Email			
Mother's Name:			
Mother's Number:	Is this a cell Phone?   Y   N	Text Notification?   Y   N	
Email			

**EMERGENCY CONTACT INFORMATION**

The emergency contact will be called after an attempt has been made to contact listed parents.

Contact Name:	Relationship:
Contact Number:	

**MEDICAL INFORMATION**

Please list all medication allergies:

Allergies to bee stings, food, etc.? If so, please list:

Physician Name:	Number:
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**WAIVER**

I do hereby, fully release and forever discharge the City of Chester, including their officials, agents, volunteers, employees, and sponsors 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 program/activity.

Printed Name:	
Relationship to Participant:	
Signature of Parent or Guardian:	Date:

**DIVISION**

18 YEARS AND OVER	17 YEARS AND UNDER	12 YEARS AND UNDER
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**TURN IN REGISTRATION AT CITY HALL, 1330 SWANWICK STREET.**

~~~~~DO NOT WRITE BELOW THIS LINE~~~~~

|      |       |        |       |          |
|------|-------|--------|-------|----------|
| Cash | Check | Amount | Grade | Received |
|      |       |        |       |          |

CITY OF CHESTER, ILLINOIS  
PARKS AND RECREATION  
1330 SWANWICK STREET  
CHESTER, ILLINOIS 62233  
618-826-1430

**WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19**  
ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT  
**ADULT WAIVER AND RELEASE OF LIABILITY**

**READ BEFORE SIGNING**

In consideration of being allowed to participate in any way in the City of Chester Parks and Recreation's Disc Golf Tournament, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) from the activities involved in this program are significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the City of Chester Recreation Director immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the City of Chester, Illinois, their officers, officials, agents, and/or employees, other participants, volunteers, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

**I UNDERSTAND THE SERIOUSNESS OF THE RISKS INVOLVED IN PARTICIPATING IN THIS PROGRAM, MY PERSONAL RESPONSIBILITIES FOR ADHERING TO RULES AND REGULATION, AND ACCEPT THEM AS A PARTICIPANT.**

Printed Participant Name: (if minor, parent/guardian name): \_\_\_\_\_

Participant Signature (if minor, parent/guardian signature): \_\_\_\_\_

Date Signed: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of the activity and his/her responsibilities for adhering to the rules and regulations. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's/ward's involvement or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

Printed Participant Name: (if minor, parent/guardian name): \_\_\_\_\_

Participant Signature (if minor, parent/guardian signature): \_\_\_\_\_

Date Signed: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

FEBRUARY 1, 2021

CITY OF CHESTER, ILLINOIS  
PARKS AND RECREATION  
1330 SWANWICK STREET  
CHESTER, ILLINOIS 62233  
618-826-1430

**WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19**

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT FOR **MINORS**

**READ BEFORE SIGNING**

IN CONSIDERATION OF myself/child/ward, \_\_\_\_\_, being allowed to participate in any way in the City of Chester Parks and Recreation's Disc Golf Tournament, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) to my child from the activities involved in these programs are significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,

1. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,
2. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such to the attention of the City of Chester Recreation Director immediately; and,
3. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the City of Chester, Illinois; its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
4. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS the City of Chester, Illinois, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage from any and all liabilities incident to my child/ward's involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.
5. I, the parent/guardian, with legal responsibility for this participant, assert that I have explained to my child/ward: the risks of the activity, his/her responsibilities for adhering to the rules and regulations, and that my child/ward understands this agreement.

**I, FOR MYSELF, MY SPOUSE, AND CHILD/WARD, HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

**I UNDERSTAND THE SERIOUSNESS OF THE RISKS INVOLVED IN PARTICIPATING IN THIS PROGRAM, MY PERSONAL RESPONSIBILITIES FOR ADHERING TO RULES AND REGULATION, AND ACCEPT THEM AS A PARTICIPANT.**

Printed Participant Name: (if minor, parent/guardian name): \_\_\_\_\_

Participant Signature (if minor, parent/guardian signature): \_\_\_\_\_

Date Signed: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

FEBRUARY 1, 2021

CITY OF CHESTER, ILLINOIS  
PARKS AND RECREATION

**ADULT PHOTO RELEASE FORM**

I, \_\_\_\_\_ (name of participant) hereby grant and authorize the City of Chester Parks and Recreation Department the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or video taken of me to be used in and/or for any lawful promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other print and digital communications, without payment or any other consideration.

This authorization extends to all languages, media, formats and markets now known or later discovered.

This authorization shall continue indefinitely, unless I otherwise revoke this authorization in writing.

I waive the right to inspect or approve any finished product in which my likeness appears, including written or electronic copy.

I agree that I have not been nor will I be compensated for this use of my likeness. I waive any right to royalties or other compensation arising or related to the use of the photograph(s).

I understand and agree that these materials shall become the property of City of Chester, Illinois.

I do hereby, fully release and forever discharge the City of Chester, including their officials, agents, volunteers, employees, and sponsors from all liability, petitions, and causes of action which I, my heirs, representative, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate, arising out of, connected with, or in any way associated with the use of the photograph(s) or video.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MINOR PHOTO RELEASE FORM**

I, \_\_\_\_\_ (name of parent or legal guardian) hereby grant and authorize on behalf of the following minor(s)

| MINOR NAME | MINOR AGE | MINOR DATE OF BIRTH |
|------------|-----------|---------------------|
| 1.         | 1.        | 1.                  |
| 2.         | 2.        | 2.                  |
| 3.         | 3.        | 3.                  |

The City of Chester Parks and Recreation Department the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or video taken of the minor child(ren) to be used in and/or for any lawful promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other print and digital communications, without payment or any other consideration.

This authorization extends to all languages, media, formats and markets now known or later discovered.

This authorization shall continue indefinitely, unless I otherwise revoke this authorization in writing, or the minor(s) revokes this authorization in writing upon reaching majority age.

I waive any right that I or the minor(s) may have to inspect or approve any finished product in which the minor's likeness appears, including written or electronic copy.

I agree that the minor(s) has not been nor will they be compensated for this use of his/her likeness. I waive any right to royalties or other compensation arising or related to the use of the photograph.

I understand and agree that these materials shall become the property of the City of Chester Parks and Recreation Department and will not be returned.

I do hereby, fully release and forever discharge the City of Chester, including their officials, agents, volunteers, employees, and sponsors from all liability, petitions, and causes of action which I, my heirs, representative, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate and the minor(s) estate(s), arising out of, connected with, or in any way associated with the use of the photograph(s) or video.

I warrant that I am of full age and have every right to contract for the minor(s) in this regard. I state further that I have read the above authorization, release, and agreement, prior to its execution, and that I am fully familiar with its contents.

This release shall be binding upon the minor(s) and me, and our respective heirs, legal representatives, and assigns.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship to Minor(s): \_\_\_\_\_ Date: \_\_\_\_\_