



City of Crystal Lake Three Oaks Recreation Area *Group Use Participant Form*

Thank you for visiting the Three Oaks Recreation Area. Please complete this form prior to arriving.

Participant's Last Name:	Participant's First Name:
Street Address:	
City / State / Zip Code	
Home Telephone Number:	Email Address
Emergency Contact's Name:	Emergency Contact's Telephone:

I certify that all the facts contained in this form are true and complete to the best of my knowledge. In case of medical emergency, I authorize the City of Crystal Lake personnel to take such emergency actions as may be deemed necessary.

Please read this form carefully and be aware that having your minor child/ward visit the Three Oaks Recreation Area you will be waiving your rights to all claims for injuries you and/or your minor child/ward might sustain arising out of this visit; and you will be required to indemnify, hold harmless and defend the City of Crystal Lake for any claims arising out of the visit of your minor child/ward.

In consideration of my minor child/ward being allowed to visit the Three Oaks Recreation Area, as the Parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge that there are certain risks of physical injury associated with the visit. I agree to assume the full risk of injuries that may be sustained by any minor child/ward of mine, as a result of visiting the Three Oaks Recreation Area and all activities connected or associated therewith. I agree to waive and relinquish all claims on behalf of my minor child/ward that the minor child/ward may have against the City of Crystal Lake as a result of the minor child/ward's visit to the Three Oaks Recreation Area.

I do hereby fully release and discharge the City of Crystal Lake and its officers, agents and employees from any and all claims from injuries, damage or loss which I, or any minor child/ward may have or which may occur to my minor child/ward on account of his/her visit to the Three Oaks Recreation Area. I further agree to indemnify and hold harmless and defend the City of Crystal Lake, its officers, agents and employees from any and all claims sustained by me or my minor child/ward, and arising out of, connected with, or in any way associated with the visit described herein.

The invalidity or unenforceability of any of the provisions hereof shall not affect the validity or enforceability of the remainder of this Agreement. I have read and fully understand the above Waiver and Release of all claims.

Name(s) of Minor

Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date