Lake Villa Township 2020 Peacock Summer Adventure Day Camp

Camper Information and Emergency Form

Child's Name(LAST)	(FIRST/NICKNAME)	Male / Female	
,	(I HOT/MCKWAWE)		
		Grade Entering in Fall 2020	
Parent/Guardian Information	☐ Check this box if both parents are	authorized to pick up child	
Mother's Name	Father's !	Name	
Address	Address_		
City/Sate	City/Sate		
Cell Phone	Cell Phon	Cell Phone	
Work Phone	Work Pho	one	
Email	Email		
(If YES, a Medical Consent and Release Form must Does your child have any physical lim	ion during camp hours? Yes / No be completed which can be found online at lakevill initations, allergies, food restrictions od yes please describe below	atownship.org or at the Township office) r any other needs the staff should be aware	
Please add any additional information	on you feel is necessary for the staff to	know about your child:	
Family Physician		Phone	

Sunscreen/Bug Spray:	
☐ I give the staff of Lake Villa Township's Peacock Camp pern	nission to apply aerosol sunscreen/bug spray to my child.
☐ I DO NOT give the staff of Lake Villa Township's Peacock Cachild. My child will apply his/her own sunscreen and bug spray	
Emergency Contacts:	
Other than those listed on the first page of this form, please list within 20 minutes.	t the names of those who are able to pick up your child
Name/Relationship	Phone
Name/Relationship	Phone
Name/Relationship	Phone
IN CASE OF AN EMERGENCY, MY CHILD MAY BE TAKEN TO TH	E NEAREST HOSPITAL BY PARAMEDICS?
Yes / No Parent/Guardian Signature	Date
Pickup Authorization:	
Other than those listed on the front of this form please list the camp. Anyone not on this list will not be allowed to pick up yo	
Name/Relationship	Phone
Name/Relationship	Phone
Name/Relationship	Phone

IMPORTANT INFORMATION

The Lake Villa Township is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. However, participants and parents registering their child in recreation programs must recognize that there is an inherent risk of injury when choosing to participate in recreational activities. The Lake Villa Township continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participant's safety.

Please recognize that the Lake Villa Township does not carry medical accident insurance for injuries sustained in its programs. The cost of such would make program fees prohibitive. Please review your own personal health insurance plan to be certain that you and your family have the proper coverage. It must be noted that the absence of health insurance coverage does not make the Lake Villa Township automatically responsible for the payment of medical expenses. The use of this form allows us to continue to offer quality programs to the public at reasonable costs. Thank you for your cooperation and support.

INDEMNIFICATION OF ALL CLAIMS & COVENANT NOT TO SUE

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor's participation in the Lake Villa Township Peacock Camp Summer Camp programs or activities, now or any time in the future.

ACKNOWLEDGMENT OF RISK

In my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation in any activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with any activity or program participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with any activity or program participation and that said list in no way limits the operation of this Agreement.

CORONAVIRUS / COVID-19 WARNING & DISCLAIMER

Coronavirus, COVID- 19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. COVID- 19 can lead to severe illness, personal injury, permanent disability, and death. Participating in Lake Villa Township Peacock Camp Summer Camp programs or accessing Lake Villa Township Peacock Camp Summer Camp facilities could increase the risk of contracting COVID- 19. Lake Villa Township in no way warrants that COVID- 19 infection will not occur through participation Lake Villa Township Peacock Camp Summer Camp programs or accessing Lake Villa Township facilities.

WAIVER, RELEASE, INDEMNIFICATION & COVENANT NOT TO SUE

In consideration of the below named **PARTICIPANT'S** participation in Lake Villa Township Peacock Camp Summer Camp activities and programs, **THE UNDERSIGNED**, the parent/guardian of the minor named below, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE LAKE VILLA TOWNSHIP, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against Lake Villa Township on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of Lake Villa Township Peacock Camp Summer Camp facilities/equipment or participation in Lake Villa Township Peacock Camp Summer Camp programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In consideration of the named minor's participation in activities and programs, I, the undersigned parent/guardian of the named minor, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor's activity and program participation.

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in any activity and program participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including

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for such loss, damage, or death. I further ce	tify that the named minor is in good health and has no cond	ditions or
impairments which would preclude his/her	afe participation in any activities and programs.	
capacity to act as the parent/guardian of the	therwise legally competent to sign this agreement, and that an amed minor. I further understand that the terms of this a his agreement, after having carefully read it, of my own free	greement are
Participant Name (print clearly)	Date	

Parent/Guardian (Print Clearly)

Parent/Guardian signature

personal injury, property damage, or death, the named minor sustains while participating in any activities and programs