

Lake Villa Township
2024 Peacock Summer Adventure Day Camp
Camper Information and Emergency Form

Child's Name _____
(LAST) (FIRST/NICKNAME)

Address _____

City/State/Zip _____

Home Phone _____ Date of Birth _____ Grade Entering in Fall 2024 _____

Parent/Guardian Information Check this box if both parents are authorized to pick up child

Mother's Name _____

Father's Name _____

Address _____

Address _____

City/State _____

City/State _____

Cell Phone _____

Cell Phone _____

Work Phone _____

Work Phone _____

Email _____

Email _____

Medical Information:

Will your child need to take medication during camp hours? Yes / No

(If YES, a Medical Consent and Release Form must be completed which can be found online at lakevillatownship.org or at the Township office)

Does your child have any physical limitations, allergies, food restrictions or any other needs the staff should be aware of? Yes / No If you circled yes please describe below

Please add any additional information you feel is necessary for the staff to know about your child:

Family Physician _____ Phone _____

Sunscreen:

- I give the staff of Lake Villa Township’s Peacock Camp permission to apply SPRAY ON sunscreen to my child.
- I DO NOT give the staff of Lake Villa Township’s Peacock Camp permission to apply sunscreen to my child. My child will apply his/her own sunscreen.

Emergency Contacts:

Other than those listed on the first page of this form, please list the names of those who are able to pick up your child within 20 minutes.

Name/Relationship _____ Phone _____

Name/Relationship _____ Phone _____

Name/Relationship _____ Phone _____

IN CASE OF AN EMERGENCY, MY CHILD MAY BE TAKEN TO THE 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 names of those who are able to pick up your child from camp. Anyone not on this list will not be allowed to pick up your child.

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.

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form and be aware that participating in this program you will be waiving and releasing all claims for injuries your child/ward might sustain arising out of the above program with Lake Villa Township.

I recognize and acknowledge that there are certain risks of physical injury to participants in this program and I voluntarily agree to assume the full risk of any such injuries, including death, damages or loss, regardless of severity, which I or my child/ward may sustain as a result of participating in any and all activities connected or associated with this program.

I agree to waive and relinquish all claims I or my child/ward may have as a result of participating in this program against the Lake Villa Township, any and all participating or cooperating governmental units, any and all independent contractors, officers, agents, servants and employees of the governmental bodies and independent contractors (hereinafter collectively referred as "Lake Villa Township"). I do hereby fully release and discharge the Lake Villa Township from any and all claims from injuries including death, damages and losses sustained by me or my child/ward arising out of, connected with, or in any way associated with the activities of this program.

I further agree to indemnify and hold harmless and defend the Lake Villa Township from any and all claims resulting from injuries, including death, damage and loss sustained, arising out of, connected with, or in any way associated with the activities of the program.

In the event of an emergency, I authorize the Lake Villa Township officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my child/ward's immediate care and agree that I will be responsible for the payment of any and all medical services rendered.

I understand the nature of this program for which I am registering and have read and fully understand this Waiver and Release of all Claims. I further understand that any advisements or warnings of the particular risks of these programs that I subsequently receive will be incorporated by reference into and become a part of this agreement.

PICTURE RELEASE

I understand that unless specifically stated in writing registrants and participants' photograph may be taken during Township activities and I give my permission to the Lake Villa Township to use such photographs as the Township deems necessary.

SIGNATURE: _____ **DATE:** _____

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 personal injury, property damage, or death, the named minor sustains while participating in any activities and programs and that by signing this agreement I, on behalf of myself and the named minor, HEREBY RELEASE Releasees of all liability for such loss, damage, or death.

I further certify that the named minor is in good health and has no conditions or impairments which would preclude his/her safe participation in any activities and programs. I further certify that I am of lawful age and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

Participant Name (print clearly)

Date

Parent/Guardian signature

Parent/Guardian (Print Clearly)