



Maine-Niles Association of Special Recreation, 6820 W. Dempster Street, Morton Grove, IL 60053-2631
Phone: (847) 966-5522 Relay System: (800) 526-0844 Fax: (847) 966-8340

Are you a new participant? Yes No In which township do you reside? Maine Niles Other

Family Name (Last Name): _____ Date of Birth: _____ Email Address: _____

Address: _____ City: _____ Zip: _____

Home Phone: () _____ Business Day Phone: () _____

Participant Name: _____ (Last)				(First)					
Program	Code #	Trans.		Fee	Program	Code #	Trans.		Fee
		Yes	No				Yes	No	
		N/A					N/A		

Donation: If you would like to make a donation to M-NASR, please indicate the amount here: _____

Full payment is required to hold a place in programs. Registration will not be processed without this payment. Registrations will not be processed if a balance remains from a previous season.

Total: _____

How would you like to pay?
 (Please circle one)

Check
 Cash
 Money Order

Credit XXXX-XXXX-XXXX-____
 Use card on file
 Call me for card information

Other _____

Scholarship Requested: Yes _____ No _____

Required Documents on File: Yes _____ No _____

Office Use Only		
1)	_____	CK# _____ Date: _____
2)	_____	CK# _____ Date: _____

IMPORTANT INFORMATION

M-NASR is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. M-NASR continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/program. You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Recreational activities are intended to challenge and engage the physical, mental, and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks, dangers and injuries may exist due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and other risks inherent to the particular activity. In this regard, it is impossible for the M-NASR to guarantee absolute safety. You should consult your physician or other health care professional before starting this virtual or in-person recreational program to determine if it is right for your needs. If you experience faintness, dizziness, pain or shortness of breath at any time while participating you should stop immediately. If you choose to participate with this virtual or in-person recreational programming, you do so at your own risk and acknowledge that the activity/program carries an inherent risk of physical injuries. To the extent permitted by law, M-NASR and its affiliates disclaim any and all liability in connection with the activity/program in this virtual or in-person programming and any instructions and advice provided.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services and vehicle operations, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against M-NASR, including its officials, agents, volunteers and employees.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering online, my online acknowledgment shall substitute for and have the same legal effect as an original form signature.

PLEASE SIGN HERE

➔ Participant's Signature if own guardian or Parent/Guardian Signature _____

➔ Date _____ Is Participant their own guardian? Yes No