



# Serena's Song

2010

## Hot-Air Balloon Ride

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Family/Attendant's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone(s) \_\_\_\_\_

Cell Phone(s) \_\_\_\_\_ email address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

I do \_\_\_\_\_ do not \_\_\_\_\_ grant permission for this participant's picture to be used in publicity or brochures.

Disabilities/Diagnosis \_\_\_\_\_ Uses wheelchair? \_\_\_\_\_

**Combined weight, including wheelchair:** \_\_\_\_\_

Friday, July 2	Saturday, July 3	Sunday July 4
a.m.	a.m.	a.m.
p.m.	p.m.	p.m.

Please see reverse side for important information.  
Read carefully. A signature is required.

**Space is limited.**

**Please return the registration form as soon as possible to**

**SEASPAR**

**4500 Belmont Road, Downers Grove, IL 60515**

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Participant's Name \_\_\_\_\_

## Waiver & Release Important Information

SEASPAR is committed to conducting its recreation activities in a safe manner and holds the safety of participants in high regard. SEASPAR 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. However, participants and parents/guardians of minors registering for activities must recognize that there is an inherent risk of injury when choosing to participate.

You are solely responsible for determining if you or your minor child/ward is physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way, 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 the 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. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activities, participants must understand that certain risks, dangers, and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction, or officiating, and all other circumstances inherent to indoor and outdoor recreation activities exist. In this regard, it must be recognized that it is impossible for SEASPAR to guarantee absolute safety.

### Waiver And Release of All Claims And Assumption of Risk

*Please read this information carefully and be aware that in signing up and participating in activities, 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 these activities (including transportation services/vehicle operation, when provided).*

I recognize and acknowledge that there are certain risks of physical injury to participants in these activities, 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 these activities against SEASPAR, including their officials, agents, volunteers, and employees (hereinafter collectively referred to as "SEASPAR").

I do hereby fully release and forever discharge SEASPAR 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 these activities.

I understand that SEASPAR carries no medical insurance and the participant's family must cover any medical costs incurred. I have read and fully understand the above important information, warning of risk, assumption of risk and waiver, and release of all claims.

In the event of an emergency, I understand and authorize SEASPAR staff and officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for immediate care for myself or minor child and agree that I will be responsible for payment of any and all medical services rendered.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant's Signature (18 or older or Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

PARTICIPATION WILL BE DENIED if the signature of adult participant or parent/guardian and date are not on this waiver.