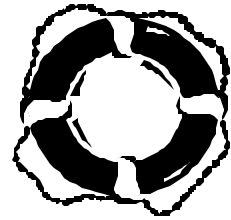




The Village of Fox Lake Parks and Recreation Department and the Coast Guard Auxiliary of the State of Illinois present....

Boating Safety Education



- WHERE:** Community Center (formerly the Lions Club)
23 South Street
- WHEN:** **Circle one date** / This is a 1 day Saturday class
May 17, 2008 **or** June 21, 2008
- TIME:** 8:00am to 4:30pm
- WHO:** Age 12 and older
- FEE:** \$40.00

PLEASE BRING YOUR LUNCH AND DRINK

Certified Instructor with the Coast Guard Auxiliary for the State of Illinois will conduct the course covering the basics of boating safety, equipment and requirements, navigation, motorboat registration and titling, emergency measures and the Illinois Boating Laws. Upon completion of the course and successfully completing the final examination participants will receive a State of Illinois Certificate of Competency. Fee includes American Boating Course book.



REGISTRATION FORM (please print)

FULL NAME _____ BIRTH DATE _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE # _____

Office use only: *pmt recvd* _____ *type* _____ *seq#* _____ *initials* _____

Pre-registration is required due to size of the class; please complete this form and return with payment to the Village of Fox Lake / Parks and Recreation Department / 66 Thillen Drive / Fox Lake, IL 60020. Make checks payable to the Village of Fox Lake. Any questions please contact Nancy Rogers, Coordinator of Parks & Recreation at 847-587-3944 / fax 847-587-2237 /email rogersn@foxlake.org I have read and fully understand the program details, waiver & release of all claims and permission to secure treatment as stated on reverse side. Signature of parent or guardian: _____

www.foxlake.org

Important Information

The Fox Lake Department of Parks & Recreation is committed to conducting its recreation programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents registering their child in recreation programs must recognize, however, that there is an inherent risk of injury when choosing to participate in recreation activities. The Fox Lake Department of Parks & Recreation continually strives to reduce such risks and insists that all participants follow safety rules and instructions, which have been designed to protect the participant's safety.

Please recognize that the Fox Lake Department of Parks & Recreation does not carry medical accident Insurance for injuries sustained in its programs. The cost of such would make program fees prohibitive. Therefore, each person registering themselves or a family member for a recreation program/activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the Fox Lake Department of Parks & Recreation automatically responsible for the payment of medical expenses.

Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for the Department requires the execution of the following Waiver and Release. Your cooperation is greatly appreciated.

Waiver and Release of All Claims

Please read this form carefully and be aware in registering yourself or your minor child/ward for participation in the above program, you will be waiving and releasing all claims for injuries you and your minor child/ward might sustain arising out of the above program.

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

I agree to waive and relinquish all claims my minor child/ward or I may have as a result of participating in the program against the Department and its officers, agents, servants and employees.

I do hereby fully release and discharge the Department and its officers, agents, servants and employees from any and all claims from injuries, damage or loss, which I or my minor child/ward may have which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program.

I further agree to indemnify and hold harmless and defend the District and its officers, agents, servants and employees from any and all claims resulting from injuries damages and losses sustained by me or my minor child arising out of, connected with, or in any way associated with the activities or the program.

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

Signature