



# A DAY TRIP TO LONG GROVE

Seniors – age 55 & older



**DATE:** Wednesday April 28, 2010

**FEE:** \$20.00 per person Limited space available

**DEPART:** 10:30am from Grant Township Center  
26725 W. Molidor Road, Ingleside

11:30 am lunch at the Village Tavern

After lunch free time to shop or enjoy the TULIPS!

(BRING YOUR CAMERA)

Board bus at 2:15 prompt

Arrive back at Grant Township at approx. 3:15pm

**PRICE INCLUDES:** Chartered bus transportation, choice of Specialty Hamburger, Reuben Sandwich, or Crispy Chicken Salad, drink, and gratuity.

**RETURN REGISTRATION FORMS BY April 14 to**

Village of Fox Lake Parks & Recreation

66 Thillen Drive, Fox Lake, IL 60020

or

Grant Township Center

26725 W. Molidor Road, Ingleside, IL 60041

**CONTACT FOR MORE INFORMATION:**

Nancy Rogers, Village of Fox Lake: 847-587-3944

Dee Ferrigan, Grant Township: 847-740-2233

# Registration Form

# Long Grove Trip

## April 28, 2010

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

Address: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

Cell: (    ) \_\_\_\_\_ - \_\_\_\_\_

PAYMENT (circle one):    CASH    or    CHECK

Make Checks payable to: **Village of Fox Lake or Grant Township Center**

### Important Information

The Fox Lake Department of Parks & Recreation and the Grant Township Center is committed to conduct its recreation programs and activities in the safest manner possible and hold the safety of participants in the highest possible regard. Participants registering for this program must recognize, however, that there is an inherent risk of injury when choosing to participate. The Fox Lake Department of Parks & Recreation and the Grant Township Center continually strives to reduce such risks and insists that all participants follow safety instructions that have been designed to protect the participant's safety. Please recognize that the Fox Lake Department of Parks & Recreation and the Grant Township Center 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 them self 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 and the Grant Township Center 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 both Fox Lake Parks & Recreation and Grant Township Center requires the execution of the following Waiver and Release.

### WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware in registering yourself for participation in the above program, you will be waiving and releasing all claims for injuries you 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 that 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 I may have as a result of participating in the program against the Fox Lake Park & Recreation Department or the Grant Township Center 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 may have which may accrue to me 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 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 my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the program details, waiver and release of all claims and permission to secure treatment as stated above.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**PRINT** Participant's Name: \_\_\_\_\_