



### Caregiver Agreement

I understand that as a Caregiver, I am here ONLY to assist the athlete I am accompanying. If participants are unable to perform their own personal care independently while participating in the Veterans Windy City Winter Sports Clinic (WCWSC), they may be required to have a family member or attendant (caregiver) accompany them. The Chicago Park District staff does will not perform personal care for patrons served during WCWSC. All caregivers must be identified by the athlete and must complete the caregiver form below.

I will be assisting \_\_\_\_\_.  
Athlete Name (Print First and Last)

My relationship to the athlete is: \_\_\_\_\_.

#### CAREGIVER PERSONAL INFORMATION

<b>CAREGIVER PERSONAL INFORMATION</b>									
First Name:					Last Name:				
Street Address:					City:	State:		Zip:	
	(Example 1234 N. Valor St. Apt. G)								
Primary Phone Number:									
E-Mail Address:									
Date of Birth:	/ /			Gender:	Female		Male		
	Month	Day	Year						
T-shirt Size (circle one)	Small	Medium	Large	XL	2XL	3XL	4XL		
Emergency Contact Name:									
Emergency Contact Phone Number:									
Relationship to Caregiver:									

## Caregiver Agreement Form (continued)

I understand that as a caregiver I am expected to:

- Wear a badge, bracelet or t-shirt identifying me as a caregiver throughout WCWSC.
- Be physically able to perform the caregiver duties needed by the athlete I am providing care to.
- Be available to provide assistance to the athlete in which I am providing care at all times throughout WCWSC. If I fail to do so, I understand that this may result in disqualification of my athlete or his/her participation in future WCWSC.
- Agree that I will not hold the Chicago Park District, its employees, Board of Commissioners, officers, and its sponsors, partners, or agents responsible for any injuries or losses I might sustain while participating in WCWSC, whether in person, via telephone, or over the internet, or while in travel to or from said activities, and hereby release the Chicago Park District and its employees from liability for any injury I may sustain. I further agree to defend and indemnify the Chicago Park District for any claims asserted on behalf of myself as a result of my participation in Park Activities.
- Grant permission to the Chicago Park District and its sponsors, partners, or agents for the use of any and all photos in which I may appear. The usage is inclusive of, but not limited to, the publication or inclusion in brochures, posters, websites, catalogs, handbooks, banners, and broadcast or print advertisements. I agree to waive any claim to compensation for use of said photos.

I have read and agree to the above statements regarding caregivers at Windy City Winter Sports Clinic.

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Caregiver Print Name

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Caregiver Signature

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Date