

Return signed waiver to:  
Chicago Park District Senior Games  
c/o Workforce Development  
5801 N. Pulaski Rd.  
Chicago, IL 60646  
Hotline (312) 747-5123



### Waiver of Liability and Release of Claims

YOU AND YOUR PHYSICIAN ARE SOLELY RESPONSIBLE FOR DETERMINING WHETHER YOU ARE PHYSICALLY FIT TO PARTICIPATE IN SENIOR GAMES 2019. IT IS ADVISABLE TO CONSULT YOUR PHYSICIAN BEFORE PARTICIPATING IN ANY COMPETITIVE GAME OR FITNESS ACTIVITY.

I wish to participate and compete in Senior Games 2019 (hereafter referred to as the "Games"). In consideration for my acceptance into the Games, I agree that I will not hold the Chicago Park District, the City of Chicago, their respective employees, agents, volunteers, departments, and sponsors (collectively the "Organizers") responsible for any injuries or losses I might incur while participating in the Games. I acknowledge the potential risks and hazards of participating in physical activity and competition during the Games and agree to assume the risks of possible injury, illness or loss.

I hereby release and discharge the Organizers from any and all claims, demands, damages, actions, and causes of action which may accrue as a result of injury, illness, or loss I might sustain during my participation in the Games.

I hereby grant permission to the Organizers for the use of any and all photos in which I may appear and agree to waive any claim to compensation for the use of said photos by the Organizers.

#### Emergency Claims

In the event of an illness, injury, or medical emergency, I authorize the Organizers to secure from any accredited hospital, clinic, and/or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services, ambulance transport service, and treatment tendered to me including medications and hospitalization. I represent that I have secured adequate insurance against any injury or loss that I might sustain during, or as a result of, my participation. The following should be contacted in the event of an emergency:

Emergency Contact Name: \_\_\_\_\_

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

*I declare that I have exercised my own judgment in signing this waiver and release, and I further declare that my decision to sign the waiver and release was voluntary.*

Name (please print): \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

**PARTICIPATION WILL BE DENIED IF THIS WAIVER IS NOT COMPLETED AND SIGNED WITHOUT MODIFICATION.**