



## Fall 2010 Program Registration

**Location:** Lakeside Legacy Arts Park  
401 Country Club Road  
Crystal Lake, IL 60014  
(815)455-8000  
[www.lakesidelegacy.org](http://www.lakesidelegacy.org)

**Program Name:** \_\_\_\_\_

**Food Allergies** (if culinary program): \_\_\_\_\_

**What do you hope to get out of this class?** \_\_\_\_\_

### Please fill in the following information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Payment Options

#### **By Check:**

Check # \_\_\_\_\_  
Amount \_\_\_\_\_

#### **By Credit Card:**

Credit Card # \_\_\_\_\_  
VISA \_\_\_\_\_ MC \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Exp. \_\_\_\_\_ V Code \_\_\_\_\_  
Signature: \_\_\_\_\_

Please fax your completed registration form and waiver to 815-455-8080, or mail them to 401 Country Club Rd, Crystal Lake, IL 60014.

**Registration Waiver:** Please sign and date the registration waiver.

**Participation will be denied if the signature and date are not on the following waiver.**

**Registration Waiver:**

**Lakeside Legacy Arts Park Waiver and Release of ALL Claims and Assumption of Risk.**

**Read this form carefully and be aware that in signing and participating in this program/activity, 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 this program/activity.**

**I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I/my Association may have (or accrue to me or my child/ward or I) as a result of participating in this program/activity against the Lakeside Legacy Arts Park.**

**I do hereby fully release and forever discharge the Lakeside Legacy Arts Park from any and all claims for injuries damages or loss that I may have or which any accrue to me or my Association and arising out of, connected with, or in any way associated with this program/activity.**

**I have read and fully understand the above important information, warning or risk, assumption of risk and waiver and release of all claims. If registering on-line or fax, your on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.**

**Participant Name (printed):** \_\_\_\_\_

**Signature**\_\_\_\_\_

**Date**\_\_\_\_\_