



Winter 2010 Program Registration

Location: Lakeside Legacy Arts Park
401 Country Club Road
Crystal Lake, IL 60014
(815)455-8000
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 _____