

CITY OF CHESTER CHRISTMAS ON THE RIVER 2021  
 FROSTY'S FOLLIES  
 WAIVER AND ASSUMPTION OF RISK

Please read this information carefully and be aware that in signing the form and participating in this event, 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 or associated with this event.

I recognize and acknowledge that there are certain risks of illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) and physical injury to participants in this event and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity, that I may have (or may accrue to me or my minor child/ward) as a result of participating in this event against the City of Chester, including their officials, agents, volunteers, employees, and sponsors.

In the event of an illness, injury or medical emergency during the event I hereby authorize and give consent to Event Staff to secure immediate treatment for my, or my minor child/ward, with any accredited hospital and for any treatment deemed necessary by a physician. I consent to medical transportation if needed.

I understand that I will be fully responsible for any and all costs arising from the above mentioned.

I do hereby, fully release and forever discharge the City of Chester, including their officials, agents, volunteers, employees, and sponsors from any and all claims for injuries, damages or loss that my minor child/ward or I may have, or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity. \_\_\_\_\_initial

My signature below indicates that I have read and agree to the **Waiver and Release of All Claims and Assumption of Risk Form.**

VIDEO/PHOTO RELEASE

I understand that during the event, and all activities associated with the event, photographs and or video of myself, and/or my minor child/ward, may be taken by Chester, Illinois Parks and Recreation personnel and/or volunteers.

I agree, and by my signature below, hereby consent to photographs of myself and/or my minor child/ward, including video photography, to be used by the City of Chester and/or the Chester, Illinois Parks and Recreation Department for publishing. This includes websites, print media, social media, videos or any other way they may deem appropriate.

My signature below indicates that I have read and agree to the **Video and Photo Release Form.** \_\_\_\_\_initial

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SIGNATURE:			
SIGNATURE OF PARENT OR GUARDIAN IF MINOR:			
RELATIONSHIP:	SELF	PARENT	GUARDIAN
EMERGENCY CONTACT NAME:		NUMBER:	
TEAM CAPTAIN NAME:			

**DO NOT WRITE BELOW THIS LINE**

CHECK	CASH	AMOUNT	DATE RECEIVED

PLAYER # \_\_\_\_\_

TEAM \_\_\_\_\_

VERBAL CONSENT RECEIVED (OFFICE USE ONLY)	YES	RECEIVED BY		DATE	
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