

WAIVER RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT

Please read this form carefully and be aware that in signing up and participating in West Suburban Special Recreation Association programs, you will be waiving and releasing all claims for injuries arising out of these programs that you or the named participant might sustain. The terms “I”, “me” and “my” also refer to parents or guardians as well as participants in the programs. In registering for these programs, you are agreeing as follows:

As a participant in these programs, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, damages or loss which I may sustain as a result of participating in any manner, in any and all activities connected with or associated with such activities and involve substantial risks of injury.

I agree to waive and relinquish any and all claims I may have as a result of participating in these programs against the West Suburban Special Recreation Association, any and all participating governmental units, any and all independent contractors, officers, agents, servants and employees of the governmental bodies and independent contractors, and any and all other persons and entities of whatever nature that might be directly or indirectly liable for any injuries, that I might sustain while participating in these programs.

I do hereby fully release and discharge the West Suburban Special Recreation Association and the other released parties from any and all claims for injuries, damages or loss, which I may have or which may accrue to me on account of my participation in these programs.

I further agree to indemnify, hold harmless and defend, the West Suburban Special Recreation Association and any and all other parties from any and all

claims resulting from injuries, damages and losses sustained by anyone, and arising out of, connected with, or in any way associated with my conduct and the activities of these programs.

I further understand and agree that the terms such as “participation”, and “activities”, referred to in this Agreement, include all exercises and physical movements of any nature while I am participating in these programs and further include the provision, of or failure to provide proper instructions or supervision, the use and adjustment of any and all machinery, equipment, and apparatus, and anything related to my use of the services, facilities, or premises, involved in these programs, and transportation to and from events.

I understand the nature of these programs for which I am registering, and have read and fully understand this Waiver, Release and Hold Harmless Agreement. I further understand that any advisement or warnings of the particular risks of these programs that I subsequently receive will be incorporated by reference into and become a part of this Agreement.

In case of emergency, I give my permission for the participant to receive any first aid, transportation or medical attention that may be required.

You may return this waiver and release of all claims by mail or fax. You may mail this release to 2915 Maple St., Franklin Park, IL 60131 or send by facsimile transmission to 847.455.2157. When forwarding by fax, it is mutually understood that the facsimile document shall substitute for and have the same legal effect as the original form.

TO COMMUNICATE WITH SCHOOL/ HEALTH CARE PERSONNEL*

I AUTHORIZE COUNSELLORS, TEACHERS, CASE WORKERS, THERAPISTS, OR PHYSICIANS TO COMMUNICATE WITH WSSRA ABOUT THE PARTICIPANT’S NEEDS AS THEY RELATE TO WSSRA’S PROVISION OF RECREATION SERVICES TO THE PARTICIPANT. WSSRA WILL KEEP CONFIDENTIAL ALL INFORMATION OBTAINED THROUGH SUCH COMMUNICATIONS.

YES NO

TO DISCLOSE INFORMATION TO WSSRA MEMBER PARTNERS*

WSSRA MAY DISCLOSE TO MY HOME PARK DISTRICT OR MUNICIPALITY INFORMATION ABOUT THE PARTICIPANT’S AND MY INVOLVEMENT IN WSSRA PROGRAMS OR ACTIVITIES, INCLUDING OUR NAMES, TELEPHONE NUMBER, ADDRESS, PROGRAM REGISTRATIONS, AND THE PARTICIPANT’S AGE AND DISABILITY, PROVIDED THAT MY HOME PARK DISTRICT OR MUNICIPALITY SHALL NOT REDISCLOSE THAT INFORMATION WITHOUT MY EXPRESS WRITTEN CONSENT.

YES NO

**I understand that I can change my decisions regarding the statements above at any time for any reason by delivering a written notice to WSSRA, prohibiting further disclosure information.*

WE WELCOME YOUR INPUT!

We invite you to share with us your program ideas and comments about our services:

SEIZURE INFORMATION

DATE: _____

Please complete this form if the participant experiences seizures, or return a copy of your child's seizure plan from his/her school. Please update this form whenever there is a change in the seizure plan and submit it with your registration. You will be asked to review this once a year and provide any necessary updates.

CONTACT INFORMATION

PARTICIPANT NAME: _____

PERSON COMPLETING FORM: _____

PARENT/GUARDIAN: _____

PARENT/GUARDIAN HOME PHONE: _____ WORK: _____ CELL: _____

EMERGENCY CONTACT: _____

EMERGENCY CONTACT HOME PHONE: _____ WORK: _____ CELL: _____

EMERGENCY CONTACT RELATIONSHIP: _____

EMAIL ADDRESS: _____

WHAT IS THE BEST WAY TO COMMUNICATE WITH YOU ABOUT THE PARTICIPANT'S SEIZURE?: _____

CURRENT SEIZURE RELATED MEDICATION:

MEDICATION NAME	DOSAGE	TIME OF INTAKE

1. Seizure Type (please check):

- Generalized tonic-clonic seizures (grand mal seizures)** are the most common and best known type of generalized seizure. They begin with stiffening of the limbs (the tonic phase), followed by jerking of the limbs and face (the clonic phase).
- Myoclonic seizures** are rapid, brief contractions of bodily muscles, which usually occur at the same time on both sides of the body. Occasionally, they involve one arm or a foot. People usually think of them as sudden jerks or clumsiness.
- Atonic seizures** produce an abrupt loss of muscle tone. They produce head drops, loss of posture, or sudden collapse. Because they are so abrupt, without any warning, and because the people who experience them fall with force, atonic seizures can result in injuries to the head and face. Protective headgear is sometimes used by children and adults.
- Absence seizures (petit mal seizures)** are lapses of awareness, sometimes with staring, that begin and end abruptly, lasting only a few seconds. There is no warning and no after-effect.
- Simple partial** show no loss of consciousness. Sudden jerking, sensory phenomena. Lasts about 90 seconds.
- Complex partial** last about 1-2 minutes in which consciousness is impaired or lost. May have an aura. Symptoms include: Automatisms such as lip smacking, picking at clothes, fumbling. They may be unaware of the environment and may wander. Following the seizure they are often unaware of the seizure event and can be confused and sleepy.
- Status epilepticus** If seizures are prolonged, or occur in a series, there is an increased risk of status epilepticus. The term literally means a continuous state of seizure.

2. When was your/the participant's last seizure? ____ / ____ / ____ How long does the seizure last?

How long was the longest seizure? _____

3. Describe what a typical seizure looks like (be specific) : _____

SEIZURE INFORMATION continued

4. Are you/the participant aware that they are about to have or have just had a seizure? YES NO

5. Are there any symptoms or triggers prior to the onset of your/the participant's seizure? (i.e. stomach pain, fear, smells, sounds, lights)

Explain: _____

6. Has there been any recent change in your/the participant's seizure pattern? YES NO

Explain: _____

7. Have you/the participant ever been hospitalized for continuous seizures? (*Status epilepticus*) YES NO

Explain: _____

8. Please list below the necessary steps you would like WSSRA to take in the event of a seizure:

1. Call 911 for a seizure over _____ minute(s). *WSSRA will call 911 if a seizure lasts 5 minutes*
2. _____
3. _____

9. Please describe what constitutes an emergency for you/ the participant: _____

10. Do you/the participant have a VNS (vagal nerve stimulator)? YES NO If yes, contact WSSRA at 847.455.2100 to discuss further.

11. Is there any other information that WSSRA should know? _____

WSSRA Registration & Policies

REGISTRATION OPTIONS

In order to participate in Summer programs, your completed **AND** signed registration form must be received in the WSSRA office by June 3rd. WSSRA registration is taken on a first-come, first-served basis.

DROP OFF AT THE WSSRA OFFICE OR MAIL TO

WSSRA
2915 Maple St.
Franklin Park, IL 60131

SCAN & EMAIL TO

nolyh@wssra.net

FAX TO

847.455.2157

PHONE TO:

847.455.2100

REGISTRATION

A completed **AND** signed registration form is required (along with a \$5 deposit per program) in order to start participation. If your signed form is not received by June 3rd you will lose your spot in any of your selected programs and be put on a waitlist.

CLOSED PROGRAMS/WAIT LISTS

If a program is at maximum enrollment, your participant will be placed on a wait list once your completed and signed registration form along with full payment or program deposit is received. Wait lists are reviewed on a weekly basis. You will be notified if additional space in the program becomes available.

NEW PARTICIPANTS

If you are new to WSSRA, proof of residency is required at the time of enrollment. WSSRA will accept a current utility bill, mortgage or lease in your name.

PAYMENT

Payment of program fees is due upon registration. If you are unable to pay your full balance, a \$5.00 deposit is required for each program with a maximum deposit of \$20 required. Billing statements are mailed out once a month. Call to arrange for a payment plan. A participant may not register for the next season until a balance from previous season is paid. WSSRA Program Supervisors **MAY NOT** accept payment or registration forms at program.

RETURNED CHECKS

A \$20.00 fee will be charged for any checks returned to WSSRA. The \$20.00, as well as the balance, will need to be paid before registering for future programs.

PROGRAM CREDITS AND CANCELLED PROGRAMS

1. Program credits will not be issued for weather related cancellations. WSSRA will attempt to make up programs due to weather cancellations.
2. Program credits will not be issued for sports tournament cancellations.
3. If WSSRA is notified 5 business days prior to the start of a program season, the participant will be credited the cost of each program cancelled less a \$5.00 processing fee.

4. A full, prorated program credit will be issued if for extended medical reasons and/or hospitalization with written verification from a physician.

5. A prorated program credit will be issued for programs that may have a postponed start due to low enrollment. If the program is subsequently cancelled, a full program credit will be issued.

6. A full program credit is issued if a program or special event is cancelled by WSSRA due to low enrollment.

7. If a participant chooses to cancel from a program after the season has begun, a prorated program credit will be issued for each program cancelled, less a \$5.00 processing fee, the cost of a ticket (unless there is a person on a waiting list), contracted services, or specialized non-refundable supplies.

8. Program credits will not be issued retroactively. Prior notification of program cancellation to WSSRA office is necessary in order to be eligible for a program credit.

9. All credit requests will be reviewed on a monthly basis

SCHOLARSHIP REQUEST

WSSRA is in a position to offer scholarships to WSSRA residents for a percentage of fees for two programs each season. Persons requesting a scholarship must complete a scholarship application, which will be mailed to you upon request. Scholarship applications need to be filled out once a year. If you are interested in a scholarship, check the box on the registration form: Request Scholarship. All scholarship applications must be completed and submitted to the WSSRA office. Proof of income is required.

PARENT DROP-OFF & PICK-UP

WSSRA programs are staffed according to the needs of the participants who are registered. If your participant does not show up to program, we will send staff home for the day. Please help WSSRA keep programs running safely with the necessary number of staff by making sure that your participant arrives for program at the start time of program. Please do not drop your participant off prior to the stated program start time. For the safety of your participant, at drop off & pick up, be sure to make contact with a WSSRA staff person.

When a program is scheduled to travel (i.e. Saturday nights, outdoor adventures, etc.), The WSSRA vehicles will leave the meeting location promptly at 5 minutes past the program's listed start time.

LATE PICK-UP/DROP-OFF

A \$10.00 Fee will be charged for every 15 minutes, or portion thereof, that a participant is picked up late or WSSRA vehicle is delayed. A notice will be sent to you indicating the fee being charged to your account.

WSSRA Registration & Policies

PARTICIPANT ILLNESS

For the protection of all of the participants in program, your participant must be kept at home or will be sent home if he/she shows any of the following symptoms:

- A temperature over 100.3.
- Stomach ache accompanied by diarrhea or vomiting.
- Any undiagnosed rash.
- Sore or discharging eyes or ears.
- Profuse nasal discharge (green or yellow). Please keep children with active colds at home.
- Have a highly contagious condition such as chicken pox, measles, lice, etc.

PARTICIPANT ABSENCE

If your participant is not going to attend a program for which you are registered, please notify the WSSRA office as soon as possible. Make sure you leave a voice mail if you call after our office has closed for the day.

SAFETY PRECAUTIONS

Some participants in WSSRA programs and special events may be carriers of infectious disease(s). Staff and volunteers have been provided in-service training concerning proper hygienic procedures. WSSRA seeks to provide a safe environment for all of our participants, staff, volunteers, and the public. If you have specific questions, please call the WSSRA executive director or superintendent of safety & operations.

WSSRA TRANSPORTATION

Transportation by WSSRA is available for some programs and with an additional fee. When offered, transportation information and fees are noted in a program's registration information in this program guide. All riders must abide by the following WSSRA guidelines. Failure to do so will result in suspension from transportation. Repeat offenders will not be transported by WSSRA.

- Riders must stay in their seat with a seatbelt on at all times.
- Riders must not deface the vehicle.
- Riders must keep their hands and feet to themselves.
- Eating is not permitted on WSSRA vehicles.
- Parents or participants must notify WSSRA in regard to any change in transportation.
- Any registration received after September 11 may result in a late program start or no transportation.
- Parents are requested to notify their child's school on days the child will be picked up by WSSRA.
- A participant under the age of 16 must be taken off of the WSSRA vehicle by a responsible person over the age of 12.

CAR SEATS

Due to state legislation, car seats or boosters must be provided for all children ages seven and under. For more information contact the superintendent of safety & operations.

MEDICATION

It is the parent/guardian and participant's responsibility to inform WSSRA of any medication a participant is taking. This information is important in case of an emergency. Medication information should be noted on the registration forms, as well as the annual information form. Any changes in medication should be communication to WSSRA.

SEIZURES

Participants who have had a seizure must complete a seizure information form prior to beginning programs. Please see page 25 for this form. Forms can be found on the WSSRA website, scanned & emailed, or mailed to you. Forms need to be updated as changes with the seizures or medication occurs.

INSURANCE

The association takes every reasonable precaution to prevent injuries and accidents from occurring. However, if an accident does occur or if you or your participant is injured, you are solely responsible for any costs incurred or caused by an injury that happens in an association program.

WAIVER OF LIABILITY

WSSRA is insured through a self-insurance pool with other special recreation associations and park districts. Our pool is known as the park district risk management agency (pdrma). As a loss prevention measure, pdrma is requiring participants to execute a release of liability for programs. The reverse side of the registration forms contains the WSSRA waiver release form. This must be signed and returned to the WSSRA office before a participant can be in programs each season.

Since we do not carry medical or accident insurance for program participants, the release of liability is necessary. The cost of such coverage would make our program fees too high for most to afford. Please review your personal health plan to be certain that you and your family have coverage in instances like these.

Our objective is to offer a high-quality program at a reasonable cost. The use of a release of liability, when appropriate, is but one way we are trying to meet that objective. If you have questions, call the WSSRA executive director. We appreciate your continued involvement and support.

NON-RESIDENT POLICY

WSSRA programs are limited to people who live in the WSSRA partner districts and villages. If you live outside of the WSSRA communities and are interested in participating in a special recreation program, call your park district or village recreation department. Call the WSSRA executive director for more information.

SAY CHEESE

Photos & videos are periodically taken of people participating in WSSRA & Inclusive Partner District programs & activities. All persons registering for WSSRA and Partner Inclusion programs/activities thereby agrees that any photograph or videotape taken by WSSRA may be used for promotional purposes including its electronic media, videotapes, brochures, flyers and other publications without additional, prior notice or permission and without compensation to the participant, rights to royalties or any other consideration now and in the future.