

Lake Bluff Park District Tennis Lessons



First & Last Name _____

Address _____ City _____ Zip _____

Home Phone _____ Cell _____

Circle Fees that Apply

Lessons:

Private	½ hour	\$38	Can of Tennis Balls	\$5
Private	1 hour	\$75		
2-on-1	1 hour	\$40		
3-on-1	1 hour	\$27		
3-on-1	1.5 hours	\$40		
4-on-1	1 hour	\$20		
4-on-1	1.5 hours	\$30		

INSURANCE LIABILITY WAIVER The Lake Bluff Park District does not carry medical accident insurance for injuries sustained in its programs. The cost of such would make program fees prohibitive. Therefore, each person registering themselves or a family member for a recreation program/activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the Lake Bluff Park District automatically responsible for payment of medical expenses. The agency providing liability coverage for the District **REQUIRES** the execution of the Waiver and Release. Please read this and be aware in participating in the programs listed above, you will be waiving and releasing all claims for injuries you might sustain arising out of the activities of this program.

WAIVER AND RELEASE OF ALL CLAIMS As a participant (or as a parent/guardian of a participant under age 18) in the LBPDP programs, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume full risk of any injuries, including death, damages, or loss regardless of severity which I may sustain as a result of participating in any and all activities connected or associated with such program. I agree to waive and relinquish all claims I may have as a result of participating in the program against the Park District and its officers, agents, servants and employees. I do hereby fully release and discharge the Park District and its officers, agents, servants and employees from any and all claims from injuries, including death, damage, or loss which I may have or which may accrue to me on account of my participation. I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, including death, damages, and losses sustained by me or arising out of, connection with, or in any way associated with the activities of the program.

PERMISSION TO SECURE TREATMENT In the event of emergency, I authorize the Park District officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate care and the aforementioned Program Details, Waiver and Release of All Claims and Permission to Secure Treatment. I agree that I will be responsible for payment of any and all medical services required. I have read and fully understand

I have carefully read the insurance liability waiver on this form and I understand that my signature is required below in order to participate in Lake Bluff Park District programs.

Signature _____ Date _____

	Total Due	_____
Payment Method:	Cash	Amount Received \$ _____
	Check	Make payable to Lake Bluff Park District
	Credit	MasterCard Visa (Circle one and complete below)
		Card # _____
		Exp. Date _____ Total Payment \$ _____
		Signature _____