

# Prophetstown Park District Presents

# StreetScape 2007

PPD is working to provide a fun and creative activity for the community the weekend of the 4<sup>th</sup> of July. Each artist that participates will receive a bag full of supplies and assigned one 4x4 square on Riverside Drive to paint. Please register in person or by mail, payment must be made at the time of registration. Mail registration to Prophetstown Park District at 410 Riverside Drive Prophetstown, IL 61277. **A completed registration form must be submitted by June 29<sup>th</sup>, 2007.** If you have any questions please call Chrissy Barton at 537-9191 or the PPD at 537-2093.

When: July 3, 2005

Where: Riverside Drive (top entrance of the state park)

Time: 9:00-1:00

Cost: \$10

Please pick up your bag of supplies on July 3<sup>rd</sup> at the PPD between 1:00-7:00 or at the top entrance of the park on July 3<sup>rd</sup> at 8:30.

I do not need paint included in my packet. \_\_\_\_\_

#### IMPORTANT INFORMATION

The Prophetstown Park District is committed to conducting its recreation programs and activities in the safest manner possible in the highest possible regard. Participants and parents registering their child in recreation programs must recognize, however, that there is an inherent risk of injury when choosing to participate in recreation activities. The Park District continually strives to recede risks and insists that all participants follow safety rules and instructions which have been designed to protect the participant's safety.

#### WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware in registering yourself or your child/ward for participation in the above program, will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of the above program.

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program and I agree to assume the full risk of any injuries (including death), damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participation in the program against the District and officers, agents, servants, or employees.

I do hereby fully release and discharge the District and its officers, agents, and employees from any and all claims from injuries, damages or loss which I or my minor child/ward 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 the activities of the program.

I further agree to indemnify and hold harmless and amend the District and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages and losses sustained by me or my minor child/ward arising out of, connected with, or in any way associated with the activities of the program.

In the event of any emergency, I authorize District officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered deemed necessary for my minor child's/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understood the above program details, Waiver and Release of All Clams and permission to secure treatment sections.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date