ROCKIN' WITH THE COPS
VILLAGE OF ARLINGTON HEIGHTS WAIVER/PERMISSION FORM

On Thursday, June 4, 2015 the Arlington Heights Police Department will sponsor the Rockin' with the Cops youth event for current 5th grade Arlington Heights students. The event will be held at Pioneer Park's swimming pool facility at 500 S. Fernandez, Arlington Heights.

By signing this form I hereby give permission for my child to attend and participate in this Arlington Heights Police Department sponsored event. In consideration for my child's participation and for other good and valuable consideration herein acknowledged, I agree to all of the following:

1. I agree to drop off my child for the event at **6:45 pm, no earlier**;
2. I agree to pick up my child **promptly** at **10:00 pm**;
3. I give consent to the Arlington Heights Police Department to photograph my child for future documentation or promotion of this event, and
4. I hereby release and hold harmless the Village of Arlington Heights and its officers, agents, employees, and volunteers from any and all liability, losses or damages, including attorneys' fees and costs of defense the Village may suffer as a result of claims, demands, suits, actions or proceedings of any kind or nature, in any way resulting from my child's participation in this event. I will, at my own expense, appear, defend and pay all fees of attorneys and all costs and other expenses arising therefrom or incurred in connection therewith; and, if any judgments shall be rendered against the Village in any such action, I will, at my own expense, satisfy and discharge same.

This form in its entirety must be completed and turned in to the Arlington Heights Police Department front desk by Wednesday, May 6, 2015 at 9:00 am. **Only completed permission forms will be accepted. Only the first 250 applicants will be accepted.**

Absolutely no Permission Forms will be accepted at the event.

Please Print Clearly (To be filled out by parent or legal guardian)

Child's Name:_____

Address:_____

School:_____ Grade Level:_____

Parent's Name:_____ Emergency Contact #_____

Parent's Signature:_____ Date:_____

T-Shirt size Circle one (Adult sizes) **S** **M** **L** **XL**

ARLINGTON HEIGHTS PARK DISTRICT
WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this program(s), 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(s) (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program(s), and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program(s) against the Arlington Heights Park District, including its officials, agents, volunteers and employees.

I have read and fully understand the above waiver and release of all claims and assumption of risk. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

PARTICIPATION WILL BE DENIED

If the signature of adult participant or parent/guardian and date are not on the waiver.

Participant's Signature (18 years or older or Parent/Guardian) Today's Date