



BUFFALO GROVE PARK DISTRICT

# Friends of the Parks Trivia Night

## 2020 Registration Form



BUFFALO GROVE FRIENDS OF THE PARKS FOUNDATION

List Participants on Trivia Team - up to 8 (please print full name) Fee \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

Code #: 421027-01  
 Fee: \$200 (Table of 8)  
 \$25 per person

Team Name: \_\_\_\_\_  
 \_\_\_\_\_

Team Captain Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_ Fee Total: \_\_\_\_\_

**Waiver and Release of All Claims - Must be signed or registration cannot be processed.**

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in Buffalo Grove Park District programs, you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of said programs.

I recognize and acknowledge that there are certain risks of physical injury to participants in the program(s), including transportation services, for which I have registered and I agree to assume the full risk of any such injuries, damages or loss, regardless of severity, which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program(s), including transportation services. I waive and relinquish all claims I or my child/ward may have against the Park District and its officers, agents, servants and employees as a result of participation in any of these program(s), including transportation services. I hereby fully release and discharge the Park District and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I or my child/ward may have or which may accrue to me or my child/ward on account of my participation or the participation of my child/ward in any of these program(s), including transportation services. 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, damages and losses sustained by me or by my child/ward, and arising out, connected with, or in any way associated with the activities of any of the program(s), including transportation services. **Photo Disclaimer:** Registrants and participants of programs and special events permits the Park District to take photos and videos of themselves and their child/ward for publication in the program brochure, website and additional uses as the Park District deems necessary unless the registrant or participant expressly files with the Park District a written objection as to photos or videos of themselves and/or their child/ward.

I have read and fully understand the program details and waiver and release of all claims.

Signature of Participant (or of parent/guardian If participant is under 18) \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Fill in Credit Card Information: (Checks can be made to the Friends of the Parks Foundation)

Charge My: <input type="radio"/> Visa <input type="radio"/> Mastercard <input type="radio"/> Discover <input type="radio"/> AMEX	Card Number _____ Expiration Date _____ Cardholder (print name) _____ Amount of Payment \$ _____ Authorized Signature _____
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\*Due to internet security precautions, this payment form is only accepted via fax, mail or in person.  
 Credit card information is not accepted via email.

Return your Form to the Park District

Mail in, Drop off or Fax it in!

Buffalo Grove Park District  
 530 Bernard Drive  
 Buffalo Grove, IL 60089  
 Fax: 847.459.5741