City of Crystal Lake
Three Oaks Recreation Area
Participant Release Form – 2018

(Please "Print" Clearly)

Participant Last Name _____

Participant First Name _____

Street Address _____

City / State / Zip Code _____ , ____ _____

Telephone Number ( ) _____ - _____

Email Address _____ @_____

Emergency Contact Name _____

Emergency Contact Phone _____

I certify that all the facts contained in this form are true and complete to the best of my knowledge. In case of medical emergency, I authorize the City of Crystal Lake to take such emergency actions as may be deemed necessary.

Please read this form carefully and be aware that visiting the Three Oaks Recreation Area you will be waiving your rights to all claims for injuries you and/or your minor child/ward might sustain arising out of this visit; and you will be required to indemnify, hold harmless and defend the City of Crystal Lake for and claims arising out of the visit.

In consideration of my being allowed to visit the Three Oaks Recreation Area, I recognize that there are certain risks of physical injury associated with the visit. I agree to assume the full risk of injuries that may be sustained by me as a result of visiting the Three Oaks Recreation Area and all activities connected or associated therewith.

I agree to waive and relinquish all claims on my behalf that I may have against the City of Crystal lake as a result of visiting to the Three Oaks Recreation Area. I do hereby fully release and discharge the City of Crystal Lake and its officers, agents, employees from and all claims from injuries, damages or loss which I may have or which may occur on account of my visit to the Three Oaks Recreation Area. I further agree to indemnify and hold harmless and defend the City of Crystal Lake, its officers, agents and employees from any and all claims sustained by me, and arising out of, connected with, or in any way associated with the visit described herein.

The invalidity of unenforceability of any of the provisions hereof shall not affect the validity or enforceability of the remainder of this Agreement. I have read and fully understand the above Waiver and Release of all claims.

Signature _____ Date _____