Lake Katherine Nature Center & Botanic Gardens

PROGRAM REGISTRATION FORM & WAIVER

Please print.

Family's Last Name: _____ **Phone #:** _____

Address_____

City: _____, IL **Zip Code**_____ **Email:** _____

Emergency Contact Name/Phone: _____

Participant's Name	Age	Program #	Program Name	Date	Time	Fee
					Total Cost: $	

Payment Information

□ Cash □ Check (payable to Lake Katherine Nature Center) □ Credit Card

□ Visa □ MasterCard □ Discover

Cardholder Name: _____ **Phone #:** _____

Address: _____ **City:** _____, IL **Zip:** _____

Card #: _____ **Expiration Date:** _____ **VVC:** _____

Amount: $_____ **Date:** _____ **Signature:** _____

Please return form to: Lake Katherine Nature Center
7402 W. Lake Katherine Dr.
Palos Heights, IL 60463

No registration is complete until this form is received with payment. Refunds will be made if the participant provides notice of a minimum of 5 business days prior to the program. Full refunds will be made if Lake Katherine cancels the program.
Photos or videos taken during programs and events at LKNCBG may be used for promotional purposes.

Please read carefully:

By signing up and participating in this program, or by registering your minor child/ward for participation in this program, you will be waiving your rights and/or the rights of your minor child/ward to all claims for injuries arising from this program; and you will be required to indemnify, hold harmless and defend the City of Palos Heights and/or Lake Katherine Nature Center and Botanic Gardens (hereafter LKNCBG) for any claims arising out of participation in the program designated.

As a participant or as a parent or legal guardian of a participant under 18 years of age in a LKNCBG program, I recognize and acknowledge that there are certain risks of physical injury. I agree to assume the full risk of any injuries, damages, or loss which I may sustain, or may be sustained by my minor child/ward, as a result of the program. I agree to waive and relinquish all claims I may have as a result of participation in the program against the City of Palos Heights, LKNCBG, and their officers, agents, and employees. I agree to allow LKNCBG to use my image or that of my minor child/ward in any photo, audio, or video for any publicity used by the City of Palos Heights or LKNCBG.

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

Signed: _____ **Date:** _____

Office Use: Staff/Docent Name: _____