



PARENTS' NIGHT OUT!

Take a night off and have some time to yourselves while your kids have a blast at the DISC! They'll play age-appropriate games, climb the rock wall, slide and jump on the inflatables, zip around on scooters, eat pizza, and more!

Dates: September 17
November 19

October 22
December 17

Time: 5 - 8:30 p.m.

Ages: 5 - 12

Fee: \$25 resident/\$10 additional child
\$30 non-resident/\$10 additional child

Must pre-register by 5 p.m. the Wednesday before.



Parents' Night Out

Please return registration with payment to the Decatur Indoor Sports Center, 1295 W. Wood Street Decatur, Illinois, 62522. If you have any questions please call 429-3472.

___ Sept. 18 (VSI# 41500-01) ___ Oct. 23 (VSI# 41500-02) ___ Nov. 13 (VSI# 41500-03) ___ Dec. 18 (VSI# 41500-04)

Child's Name #1 _____ Child's Name #2 _____
Birthday _____ Birthday _____

Child's Name #3 _____ Child's Name #4 _____
Birthday _____ Birthday _____

Address _____ City _____ Zip _____

Phone _____ Email _____

Payment ___Cash ___Check ___VISA ___Mastercard

CC# _____ Exp ___/___/____ Signature _____

-Please Sign Waiver on Back-

In accordance with the Americans with Disabilities Act, does registrant require any special accommodations or assistance for enjoyment of the program?

Yes No If yes, please describe: _____

PHOTO: I understand that my child/ward or I may be photographed or videotaped while participating in a Decatur Park District program. I give permission for photos and videotapes of my child/ward or me to be used to promote the Park District. Such photos and videotapes will remain the property of the Decatur 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 Decatur Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as "Decatur Park District").

I do hereby fully release and forever discharge the Decatur Park District from any and all claims for injuries, damages, or loss that my minor child/ward or I 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 this program/activity.

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 and an original form signature.

Signature _____ Date _____

(18 years or older or Parent/Guardian)

NOTE: The Decatur Park District does not carry medical or accident insurance for its participants. The cost of such insurance would make programs cost prohibitive. We suggest that you look at your own insurance policy to be sure you are adequately covered. The Park District assumes no responsibility for personal injuries or loss of personal property.