

Lexington, Illinois Park District
TryAthlon
July 27, 2019
Consent to Participate/Release Form

Child Name: _____ Parent Name: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

Birthdate: _____ Age on 7/27/19: _____ Boy/Girl: _____

In consideration of my child being allowed to participate in the Lexington Kids Tryathlon sponsored by the Lexington Park District, I hereby release and hold harmless the City of Lexington and the Lexington Park District, its employees, and volunteers from any claims of negligence including claims for injuries, accidents or loss of property in connection with my child's participation in this event. This release is binding and applicable to myself, my child, my family, my heirs, my child's heirs, and guardians and successors in interest.

I declare and certify that my child's physician has released and cleared my child to participate in the Lexington Kids Tryathlon and in the event my child is injured or becomes ill and I am not available or unable to be reached within a reasonable period of time to secure medical treatment for my child, I hereby authorize the Lexington Park District staff to obtain medical treatment for my child including but not limited to emergency treatment and transport, selection of Physician and other medical personnel necessary to treat my child and to take whatever medical action and treatment that is deemed necessary for my child and at my expense.

Date: _____ Parent Signature: _____

Insurance Provider: _____ Group or ID # _____