

STREETSCAPE

July 5th

Water and Paint Will Be Available 9:00 a.m. – Dusk
Riverside Drive (In Front of the Park District/High School)

Cost is \$10 per Square

Let's get creative-one square at a time!

This annual event provides a fun and creative activity for every age and ability. Each artist that participates will have access to a rainbow of paint colors, a goody bag of supplies– and ONE square assigned to paint. You can pick up your bag of supplies the morning of, July 5th. Adult/Guardian with participant responsible for each artist. Registrations will be taken the day of, at the event table on Riverside Drive, limited squares available for day of registrations.

Please send or drop off your registration: PPD 410 W Riverside Drive, P.O. Box 93, Prophetstown, IL 61277

Reminder** One Mile Fun Run for Kids (12 and Under) and 5K RunAround will take place on July 5th at 6:30/7:00 p.m.***

Artist's Name _____

Parent/Guardian Name _____

Phone _____

Special Requests _____

IMPORTANT INFORMATION

The Prophetstown Park District is committed to conducting its recreation programs and activities in the safest manner possible in the highest possible regard. Participants and parents registering their child in recreation programs must recognize, however, that there is an inherent risk of injury when choosing to participate in recreation activities. The Prophetstown Park District continually strives to reduce risks and insists that all participants follow safety rules and instructions which have been designed to protect the participant's safety.

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware in registering yourself or your child/ward for participation in the above program, will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of the above program. I recognize and acknowledge that there are certain risks of physical injury to participants in the above program and I agree to assume the full risk of any injuries (including death), damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in the program against the District and officers, agents, servants, or employees. I do hereby fully release and discharge the District and its officers, agents, and employees from any and all claims from injuries, damage or loss which I or my minor child/ward 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 the activities of the program. I further agree to indemnify and hold harmless and amend the District and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages and losses sustained by me or my minor child/ward arising out of, connected with, or in any way associated with the activities of the program. In the event of any emergency, I authorize District officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understood the above program details, Waiver and Release of All Claims and permission to secure treatment.

Parent/Guardian Signature

Date