

Date Received:	
Time Received:	

AQUATIC PARTY PACKAGE

AQUATIC	FARTIFACKAGE	
Name:		
Address:City	:State:	Zip:
Primary Phone: Alt. Phone:	Email:	
Birthday Child Name:	Birth Date:	
Waiver must be signed in order to process your party package. NOTE: To remundeleinparks.org or mail to Mundelein Park & Recreation District, 1401 you can be reached. Your birthday party includes a two hour rental of our pitchers of a Pepsi product. In the event of inclement weather on the day of your party (thunder, lightre of the facility closes due to weather prior to your party, you will have the of Allow at least one adult per 10 children; one adult per 5 children if the children.	N. Midlothian Road, Mundelein, IL 60060. Please be sure designated birthday party area. All paper products including or heavy rain), the Facility Supervisor will contact you prortunity to reschedule.	to include a phone number when ed two cheese pizzas, and two
Select a Day & Date	Calculate Party Fee R =	Resident. NR=Nonresiden
Monday Tuesday Wednesday Thursday	BAREFOOT BAY PARTY	
Friday Saturday Sunday	R/NR: \$250/\$350 (1-10 people)	\$
	Each additional person @ \$14/person:	
Event Date:	(number of additional people x \$14 each) \$
Write in the 2 hour time slot you will have your party	Each additional pizza \$15	
Start Time: am/pm End Time: am/pm	(number of additional pizzas x \$15 each) \$
NOTE: Full payment is due at the time of reservation for all Spray Park	Each additional pitcher \$5	n) \$
birthday parties. A Cancellation Fee of \$50.00 will be deducted from your refund if you cancel your party within 2 weeks of your reserved	(number of additional pitchers x \$5 each	
date. If the park is open and your group does not attend your scheduled event and or does not cancel with two weeks' notice, your full payment	Total Barefoot Bay party package cost	\$
will be forfeit. If there are any date changes after the reservation date has been confirmed there will be an additional charge of \$25.00 due	SPRAY PARK PARTY	
at the time you change the date. If the facility has to be closed by the Park District for ANY REASON you can either request a full refund or	R/NR: \$175/\$250 (1-10 people)	\$
reschedule your party for another day and time based on availability with no additional fees.	Each additional person @ \$5/person:	
	(number of additional people x \$5 each)	\$
	Total Spray Park party package cost	\$
THIS AREA	A FOR OFFICE USE ONLY.	
Party Package Payment	Party Package Additional Payme	ents
Cash	Cash	
☐ MC ☐ Visa ☐ DC ☐ AMEX (Auth #)	☐ MC ☐ Visa ☐ DC ☐ AMEX	(Auth #)
Receipted/entered by	Receipted/entered by	

__Amount _____

Date_____Amount ____

WAIVER & RELEASE

IMPORTANT INFORMATION

The Mundelein Park & Recreation District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Mundelein Park & Recreation District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for programs/ activities listed on the previous page must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Recreational activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities exist. In this regard, it must be recognized that it is impossible for the Mundelein Park & Recreation District to guarantee absolute safety.

Signature:_____

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 the identified programs, 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 these programs/activities (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs, 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 my minor child/ward or I may have (or accrue to me or my child/ward) as a result of participating in these programs against the Mundelein Park & Recreation District, including its officials, agents, volunteers and employees.

I do hereby fully release and forever discharge the Mundelein Park & Recreation District, including its officials, agents, volunteers and employees 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 these programs/activities.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering via fax, my facsimile signature shall substitute for and have the same legal effect as an original form signature.

CREDIT CARD PAYMENT INFORMATION						
Please charge to:	MC	Visa	DC	AMEX		
Card Number:					exp / security code on back:	
Name on card:					Amount:	
Signature:					Date:	
Credit card information supplied will be used with current registration form only and will be destroyed after registration is processed.						