PALATINE PARK DISTRICT • POOL PASS REGISTRATION FORM

palatineparks.org • 847.991.0333

Please print all information and fill out entire form. Incomplete forms will be returned, which will delay the processing of your registration.

Type of Pass: ☐ Full Season Pass ☐ 5 Visit Guest Pass Punch Card (only available to Pool Pass holders) ☐ Harper

Head of Household Last Name: _____ First: _____

Address: _____ Apt #: ____ ☐ Check if recently moved

City/State/Zip: _____

Primary Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ ☐ Yes, add me to the PPD email list

Only household members residing at your address should be listed on this form.

Registrant's Full Name **Please print the names of all household members to be included on pass, last name first.**	**Age** **Ages 4+ need a key fob.**	**Birthdate** **MM/DD/YYYY**	**Gender**
			☐M ☐F
			☐M ☐F
			☐M ☐F
			☐M ☐F
Pool Passes are non-refundable.		Amount enclosed	$

PRIVACY POLICY AND PHOTO STATEMENT: Visit **palatineparks.org** to view the Palatine Park District Privacy Policy and Photo Statement.

RELEASE AND HOLD HARMLESS WAIVER

IMPORTANT: The Palatine Park District is committed to providing safe aquatic facilities and programs and holds the safety of participants in high regard. The Park 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 engaged in aquatic activities must recognize that there is an inherent risk of injury. You are solely responsible for determining if you or your minor child/ward is physically fit and/or adequately 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/aquatic activity. ***Please understand and recognize that lifeguards are not responsible for providing supervision or assessing your swimming skills or that of your minor child; rather, lifeguards are responsible for enforcing safety rules and responding to emergencies. Adult pool pass holders and parents of minor pool pass holders are solely responsible for supervision of any and all activities contemplated by this agreement. Additionally, children 10 years of age and younger must be supervised at all times by a responsible person, 16 years of age or older.*** **WARNING OF RISK:** Swimming and other aquatic activities challenge and engage the physical, mental and emotional resources of each participant. However, despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury, including but not limited to drowning, head/brain injury, and spinal cord injury. Understandably, not all hazards and dangers can be foreseen. The very nature of swimming and aquatic activities are hazardous and risky, including but not limited to fatigue and overexertion, poor swimming skills, failing to avoid dangerous areas, failing to follow rules and regulations, failure of lifeguards to locate victims and/or delay in emergency response time, horseplay, diving or cannon-balling into shallow water and striking the bottom or side of the pool or waterslide, inadequate supervision or instruction, lack of conditioning, becoming disoriented, striking other swimmers, striking one's head on the bottom, slip and falls on the deck or within the locker facility, chemical exposure and all other circumstances inherent to aquatic activities. In this regard, it must be recognized that it is impossible for the Park District to guarantee absolute safety. **WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK:** Please read this form carefully and be aware that in consideration for this Pool Pass, 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 use of the Park District aquatic facilities and programs. I recognize and acknowledge that there are certain inherent risks of physical injury to patrons of aquatic facilities, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity that my minor child/ward or I may sustain as a result of participating in any and all activities and programs connected with or associated with this Pool Pass. I further recognize and agree that lifeguards and other aquatic staff are not responsible for supervising my activities or the activities of my minor child(ren) and I agree that I am solely responsible for supervising my minor children and/or assessing whether my children are physically fit and/or adequately skilled for aquatic activities. I additionally agree to supervise any children ages 10 and under at all times. 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 use of the Park District's aquatic facilities and programs against the Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as "District"). **I do hereby fully release and forever discharge the 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 use of the Park District/'s aquatic facilities and programs. 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 on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature. PARTICIPATION WILL BE DENIED If the signature of adult participant or parent/guardian and date are not on this waiver.**

Parent/All Adult Participants (must sign): _____ Date: _____

Additional Adult Member (must sign): _____ Date: _____

Additional Adult Member (must sign): _____ Date: _____

Additional Adult Member (must sign): _____ Date: _____

Emergency Name: _____ Emergency Phone: _____

FOR OFFICE USE ONLY

CA CK CG

SCH EMP

FOB PHOTO

Processed by _____

Batch # _____

Verification _____