

MORTON GROVE PARK DISTRICT POOL APPLICATION

Family Last Name _____

AMT.

Address _____

Staff _____

City _____ Zip _____

Date _____

Home Phone # _____

Payment _____

E-Mail _____

- Individual Adult
- Individual Child
- Family 2
- Family 3

- Family 4
- Family 5
- Family 6
- Additional

- Replacement
- Non-Resident

NO REFUNDS

- Oriole
- Harrer

Only parents, grandparents, full-time caregivers, nannies and unmarried children under 21 residing at the same address may purchase Family Passes.

First Name	Birthdate	Sex	Pass Number

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

I recognize and acknowledge that there are 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 I or my minor child/ward 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 "Morton Grove Park 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 Morton Grove 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.

Participant: _____ Parent/Guardian: _____

WHITE - CUSTOMER

YELLOW - DESK

PINK - CLOSEOUT/ACCOUNTING