

# 2019 Season Pool Pass

Please check one of the following:  New  Renewal  Change of pool pass type

Please indicate your season pass choice:

### Itasca Park District Resident

	April	May	June
Family*	<input type="radio"/> \$170	<input type="radio"/> \$185	<input type="radio"/> \$195
Individual Child	<input type="radio"/> 90	<input type="radio"/> 100	<input type="radio"/> 110
Individual Adult	<input type="radio"/> 90	<input type="radio"/> 100	<input type="radio"/> 110
Individual Senior	<input type="radio"/> 60	<input type="radio"/> 70	<input type="radio"/> 80

### Medinah Park District Resident

	April	May	June
Family*	<input type="radio"/> \$180	<input type="radio"/> \$195	<input type="radio"/> \$205
Individual Child	<input type="radio"/> 95	<input type="radio"/> 105	<input type="radio"/> 115
Individual Adult	<input type="radio"/> 95	<input type="radio"/> 105	<input type="radio"/> 115
Individual Senior	<input type="radio"/> 65	<input type="radio"/> 75	<input type="radio"/> 85

### Non-Resident

	April	May	June
Family*	<input type="radio"/> \$200	<input type="radio"/> \$215	<input type="radio"/> \$225
Individual Child	<input type="radio"/> 105	<input type="radio"/> 115	<input type="radio"/> 125
Individual Adult	<input type="radio"/> 105	<input type="radio"/> 115	<input type="radio"/> 125
Individual Senior	<input type="radio"/> 75	<input type="radio"/> 85	<input type="radio"/> 95

**Family passes** are issued to members of the immediate family only (spouses/partners, dependent non-married children) living at the same listed address. People living with residents for the summer may purchase an individual pass, but are not considered as part of the immediate family. Proof of residency and dependents is required at the time of purchase.

All season pool pass holders and their dependents must present proof of dependency with a 2017 or 2018 tax form or birth certificate and proof of residency with a current utility bill.

**Season passes** are not transferable and cannot be used by anyone except to whom the pass has been assigned. If any pass is used by anyone other than the registered owner, it shall be confiscated and the owner shall be excluded from using the pool for the remainder of the summer.

### Itasca Park District I.D. Card Replacement Fee:

A fee of \$10 will be charged for the issuance of a duplicate I.D. card in case the original is lost. The purchase price of the pass is not refundable.

Home Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Household Email: \_\_\_\_\_

### Primary Account Holder (Must be an Adult)

First Name:	Sex	Birthdate	Dependency/ Residential Verification	Picture Taken
Last Name:	<input type="radio"/> M <input type="radio"/> F	/ /		<input type="radio"/> Yes

### Second Adult

First Name	Sex	Birthdate	Dependency/ Residential Verification	Picture Taken
Last Name:	<input type="radio"/> M <input type="radio"/> F	/ /		<input type="radio"/> Yes

### Children (list below)

Name	Sex	Birthdate	Dependency/ Residential Verification	Picture Taken
First: Last:	<input type="radio"/> M <input type="radio"/> F	/ /		<input type="radio"/> Yes
First: Last:	<input type="radio"/> M <input type="radio"/> F	/ /		<input type="radio"/> Yes
First: Last:	<input type="radio"/> M <input type="radio"/> F	/ /		<input type="radio"/> Yes
First: Last:	<input type="radio"/> M <input type="radio"/> F	/ /		<input type="radio"/> Yes
First: Last:	<input type="radio"/> M <input type="radio"/> F	/ /		<input type="radio"/> Yes

### Method of payment

- Cash  Check  
 Visa  Mastercard  Discover Card

Total Fee: \$ \_\_\_\_\_

**Important!** I have read and fully understand the important information, warning of risk, assumption of risk and waiver and release of all claims *on the back of this form*. If registering online or via fax, your online or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Participant's Name: (please print) : \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: / /

(18 years or older or Parent/Guardian)

<b>For Office Use Only</b>	Processed By: _____	Transaction #: _____
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I T A S C A P A R K D I S T R I C T  
**Waterpark Waiver**

**Important Information**

The Itasca Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Itasca 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 registering for this program must recognize that there is an inherent risk of injury when choosing to participate in recreational activities.

You are solely responsible for determining if you or your minor child/ward are 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 activity.

**Warning of Risk**

Swimming is a sport which challenges and engages 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 cervical spine injury. Understandably, not all hazards and dangers can be foreseen. The very nature of swimming is hazardous and risky, including but not limited to fatigue and overexertion, poor swimming skills, failing to avoid dangerous areas, horseplay, diving or cannon-balling into shallow water and striking the bottom or side of the pool, poor supervision or instruction, lack of conditioning, becoming disoriented, striking other swimmers, defective or inadequate equipment, striking one's head on the bottom when using a diving block, slipping or falling on the deck or within the locker facility, chemical exposure and all other circumstances inherent to the sport of swimming. In this regard, it must be recognized that it is impossible for the Itasca 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 signing up and participating in this program/activity, 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 this program/activity (including transportation services, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program, 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 connected with or associated with this program/activity. 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 participating in this program/activity against the Itasca Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as Itasca Park District).

I do hereby fully release and forever discharge the Itasca Park 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 this program/activity.

**Participation will be denied if...**  
*the signature of adult participant or parent/guardian  
and date are not on this waiver.*