

WAUCONDA PARK DISTRICT  
PHIL'S BEACH GROUP RESERVATION APPLICATION



Rental Day & Date: \_\_\_\_\_ Application Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_

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

Best Contact #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Number of People: \_\_\_\_\_ (Max 50 + chaperones) Number of chaperones: \_\_\_\_\_

**EARLIEST TIME GROUPS WILL BE ALLOWED TO ENTER IS 11:00 AM.**

**Time of arrival:** FROM \_\_\_\_\_ UNTIL \_\_\_\_\_

**- DESIGNATED CAMP AREA WILL BE DETERMINED AT THE TIME OF ARRIVAL BY THE BEACH MANAGER**

**FEES:**

Security Deposit: \$50.00 (Due at time of Booking) \$ \_\_\_\_\_

Rental Fees: \$6.00 X # OF GROUP MEMBERS = \$ \_\_\_\_\_

**TOTAL FEE:** \$ \_\_\_\_\_

***Please initial by each rule/policy below***

\_\_\_\_\_ Beach rules will be discussed with your group members prior to being allowed to enter the swimming area by a Wauconda Park District staff member. All rules must be followed at all times.

\_\_\_\_\_ Beach Manager will remove trash placed in receptacles as needed, but all trash items should be off tables, chairs, ground, etc. and put in proper receptacle during your visit.

\_\_\_\_\_ Members of the group may not enter the concession stand or the lifeguard office.

\_\_\_\_\_ Cancellation notice to the Wauconda Park District of more than 14 days is required. If proper notice is not given, 20% of the total fee will be deducted. **NO REFUNDS IF CANCELLED LESS THAN 7 BUSINESS DAYS BEFORE THE DATE, WEATHER PERMITTING.**

\_\_\_\_\_ Groups must have one adult for every 12 children.

\_\_\_\_\_ The Wauconda Park District is not responsible for damage to or loss of personal property or for any injuries that may occur to your group attendees.

**OFFICE USE ONLY**

Permit Number: \_\_\_\_\_ Fees Paid: \_\_\_\_\_ Receipt # \_\_\_\_\_

Date: \_\_\_\_\_

BEACH MANAGER: \_\_\_\_\_ SUPERVISOR APPROAL: \_\_\_\_\_

## WAUCONDA PARK DISTRICT - WAIVER FORM

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

### WARNING OF RISK

Recreational activities/programs are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advise, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Participants must understand that certain risks, dangers and injuries due to acts of God, inclement weather, slipping, falling, equipment failure, failure in supervision, premises defects and all other circumstances inherent to recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the Wauconda Park District to guarantee absolute safety.

### WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTIONS OF RISK

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, 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 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 Wauconda Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as "Wauconda Park District").

I do hereby fully release and forever discharge the Wauconda 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 of my minor child/ward and arising out of, connected with, or in any way associated with this program/activity.

Organization Representatives Signature \_\_\_\_\_ Date \_\_\_\_\_

(18 years or older)

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