

**WAUCONDA PARK DISTRICT
PICNIC/FIELD RENTAL APPLICATION**



Rental Day & Date: _____ Application Date: _____

Contact Name: _____

Organization Name: _____

Address: _____ City: _____

Best Contact #: _____ Alternate Contact #: _____

E-mail Address: _____

Type of Activity: _____

Number of People: _____ HOURS: FROM _____ UNTIL _____

EQUIPMENT NEEDS:

Number of Picnic Tables: _____ Miscellaneous Equipment/Special Set-Up: _____

AREA OF RENTAL: (Check all that Apply)

<input type="checkbox"/>	Beach Park (Does Not Include Beach Access)	<input type="checkbox"/>	Cook Park (Pavilion)	<input type="checkbox"/>	Cook Park (Gazebo)	<input type="checkbox"/>	Cook Park Field (Specify Below) _____
<input type="checkbox"/>	Fieldbrook Park	<input type="checkbox"/>	Osage Park	<input type="checkbox"/>	Lagoon Park	<input type="checkbox"/>	Larkdale Park
<input type="checkbox"/>	Other (Specify) _____						

FEES:	25 People & Under	26-50 People	51-75 People	76 People & Up
Resident- 4 Hour Block	\$35	\$60	\$85	\$110
Additional Time \$10 Each Additional Hour				
Non-Resident- 4 Hour Block	\$50	\$75	\$100	\$125
Additional Time \$15 Each Additional Hour				
Gazebo	\$25/\$35 for 4 Hour Block	\$10/\$15 Each Additional Hour		

WAUCONDA PARK DISTRICT - WAIVER FORM

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

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/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.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. I will keep this form with me on the day of my rental and surrender it if requested.

Participant's Signature _____ Date _____
(18 years or older or Parent/Guardian)

MISCELLANEOUS INFO/PARK RULES

Renter's Initials

- 1) This agreement is only valid for 3 months and must be renewed. _____
- 2) **NO ALCOHOL IS ALLOWED IN PARKS.** _____
- 3) State and City laws apply in the parks. _____
- 4) Weapons of all types are prohibited on park property. _____
- 5) Parks close at 10:00 pm (Unless otherwise stated). _____
- 6) Drive & Park in designated areas only. _____
- 7) **NO PETS ALLOWED IN PARKS.** _____
- 8) **NO REFUNDS.** _____

OFFICE USE ONLY

Amount Paid: \$ _____ Date Received: _____ Receipt #: _____

Contacted After Approved: _____ C.O.I. Received (If Applicable): _____