

# DES PLAINES PARK DISTRICT • POOL PASS REGISTRATION FORM

2222 BIRCH ST. • DES PLAINES, IL 60018 • 847-391-5700 • FAX: 847-391-5707 • DPPARKS.ORG

Date \_\_\_\_\_

Family Last Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Emergency phone/contact \_\_\_\_\_

**Type of Pool Pass** (Please check one)  Mystic Waters (includes Chippewa & Iroquois Pools)  Chippewa & Iroquois Pools  
 Resident  Non-resident  Individual  Couple  Family (3)  Additional Family Members

Resident Verified

First Name	Birth Date	M/F

Credit Card (Check one):  Visa  MasterCard  Discover  Check, payable to Des Plaines Park District \_\_\_\_\_ Total Payment \$ \_\_\_\_\_

Check number

Card No.

Exp. Date \_\_\_\_/\_\_\_\_

Do not email a form with your credit card information included. Complete forms can be faxed to 847-391-5707.

MM / YY

3-digit CVV (on back of card)

Cardholder Name \_\_\_\_\_ Signature \_\_\_\_\_  
Please print

## Aquatics Waiver and Release

The (Des Plaines Park District) "Park District" is committed to providing safe aquatic facilities. The Park District continually strives to reduce such risks and insists that all participants follow safety rules and regulations 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 are physically fit and/or adequately skilled for the activities associated with this Pool Pass. 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.

### 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 can be foreseen. The very nature of swimming and aquatic activities is hazardous and risky, including but not limited to fatigue, 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 times, horseplay, diving or cannonballing into shallow water and striking the bottom or striking other swimmers, striking one's head on the bottom, slips 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 all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participation 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 injury any injuries, damages or loss, regardless of severity that my minor child/ward or I may sustain as a result of participation in any and all activities and programs connected with or associated with this Pool Pass. I further recognize and agree that lifeguards and the aquatic staffs are not responsible for supervising my activities or the activities of my minor child/ward 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 under age 10 at all times. I agree to the terms of the District Photo/Video Policy."

"I further agree to waive and relinquish all claims I, or my minor child 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."

**Never leave any child with poor swimming skills, or younger than 10 years of age, unaccompanied by a parent or responsible person 18 years of age or older.**

Signature of Participant \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_

**COVID-19 AWARENESS STATEMENT:** 1) Does anyone in your household have: Fever, Cough, Sore Throat, Shortness of Breath, Muscle Aches, Unusual Headaches, Loss of Taste or Smell, Stomach Pain?  Yes  No

2) Does anyone in your household have a confirmed case of COVID-19, or display any symptoms of COVID-19?  Yes  No

3) Have you or anyone in your household come into close contact with anyone who has tested positive for COVID-19?  Yes  No

**If you answered yes to any of these questions DO NOT ENTER A PARK DISTRICT FACILITY. Thank you.**