

Des Plaines Park District Lake Park Marina • Winter Boat Storage 2022–2023

Owner's First Name _____ Last Name _____ Home Phone # _____ Cell Phone # _____

Street Address _____ City, State, Zip _____ E-Mail Address _____

Boat Type (Please check):

Sail Row _____ Class Name _____ Boat Registration #
 Windsurf Canoe/Kayak

Boat Mooring Fee For dry mooring only, 11/1/22–3/31/23. Boating is not permitted on Lake Opeka after October 31.

\$190 Resident

\$215 Non-resident

Credit Card Payment (check one): Visa MasterCard Discover

Card #:

Exp. Date: / CVV:

Cardholder Name (Print) _____

Authorized Signature _____

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK AND INDEMNIFICATION

Please read this form carefully and be aware that in consideration for the above identified privileges at Lake Park, you will be waiving and releasing all claims for injuries you and/or your minor child might sustain arising out of this registration and Lake Park privileges. As a participant in Lake Park activities, I recognize and acknowledge that there are certain risks of physical injury and / or property damage and I agree to assume the full risk on injuries, damages or loss which I or my minor child may sustain as a result of participating in any and all activities with or associated with this permit and/or Lake Park privileges. I agree to waive and relinquish all claims that I or my minor child may have or may accrue to me or my minor child as a result of participating in any and all Lake Park activities against the Des Plaines Park District and its officers, agents, servants and employees. I do hereby release and discharge the Des Plaines Park District and its officers, agents, servants, and employees from any and add claims from injuries, damage, or loss which may accrue to me (or my minor child) on account of my participation in any Lake Park activity. I further agree to indemnify and hold harmless and defend the Des Plaines Park District and its officers, agents, and employees from and against any and all claims, liabilities, damages and/or losses arising out of or in any way connected or associated with any activity contemplated by this registration and/or arising out of my Lake Park privileges; except to the extent any such damage, injury, or loss is caused by the sole negligence of any indemnified party.

OTHER TERMS AND CONDITIONS

I further understand that the misuse of this facility by me, my family members, or my guests may result in immediate suspension or revocation of my privileges, in the sole discretion of the Park District. I also understand that the Lake Park Supervisor has the authority and discretion to close the lake at any given time, with or without advance notice. I understand that alcohol is strictly prohibited on Park District Property, including the lake, and that I am solely responsible for the conduct of my guests and family members. I also understand that although boating is allowed during times when Waterfront Staff are not on duty, these times shall be considered "at my own risk", and that I am solely responsible for the supervision of my boat and/or my family and guests at all times.

I have read and fully understand and agree to the above terms and conditions, rules of Lake Park, and Waiver and Release of all Claims and Assumption of Risk and Indemnification. Facsimile signature will be considered as original by the District.

Signature of Owner : _____ Parent/Guardian, if under 18: _____ Date: _____

Mooring Permit Application

This mooring assignment is valid for the period beginning on November 1, 2022 and ending on March 31, 2023. The boat owner has read and understands the mooring policy as outlined by the Des Plaines Park District. Any boats remaining in the marina after this date without payment will be charged \$3 per day up to April 30, 2023. Boats remaining after April 30, 2023 will be deemed abandoned property and disposed of by the Des Plaines Park District. The owner also agrees that no claim shall be made against the Des Plaines Park District or its staff for property damage or personal injury.

Signature of Owner: _____ Date: _____ Slip Number: _____

To be completed by Staff Only:

Date Paid: _____ Payment Method: Check (# _____) Credit Cash

Receipt #: _____ Manager: _____ Copy of Title: _____ Copy of Drivers License: _____