

membership/pass • Application Form



Application for: Oakton Ice Arena Community Center Outdoor Pool Pass

I am applying for: New Pass Renewal Pass

Fee: _____

Household Last Name:			Proof of Residency D U P		
Address:					
City:			State:		Zip:
Home Phone:		Work/Emergency Phone:			
Cell Phone:		E-Mail:			

Please Complete Information Below for Each Individual

	Last Name	First Name	Birth Date	Gender	Office Use Only
1					
2					
3					
4					
5					
6					
7					
8					
9					

The PRRPD reserves the right to change a payment fee to reflect the correct fee.

Method of Payment: Cash Check Visa MasterCard

Account Number: Expiration Date:

Cardholder Name: _____ Authorized Signature: _____

Release and Hold Harmless

Please read this form carefully and be aware that in signing up and participating in this membership/pass type, you will be waiving and releasing all claims for injuries you might sustain arising out of this membership/pass.

As a participant in the membership/pass, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which I may sustain as a result of participating in any and all activities with or associated with such membership/pass.

I agree to waive and relinquish all claims I may have as a result of participating in the membership/pass against the Park Ridge Recreation and park District and its officers, agents, servants, and employees.

I do hereby release and discharge the Park Ridge and Park District and its officers, agents, servants, and employees from any and all claims from injuries, damage or loss which I may have or which may accrue to me on account of my participation in the membership/pass.

I further agree to indemnify and hold harmless and defend the Park Ridge Recreation and Park District and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the membership/pass.

I have read and fully understand the above Membership/Pass Details and waiver and Release of all Claims. Waivers MUST be signed by participant(s) or their legal guardian. Facsimile signatures will be considered as original by the District.

Signature: _____ Date: _____ Signature: _____ Date: _____

Signature: _____ Date: _____ Signature: _____ Date: _____

Please mail registration to PRRPD, 2701 W. Sibley Ave., Park Ridge, IL 60068