

ALGONQUIN PRIVATE SPLASH PAD APPLICATION

The Village of Algonquin is now offering private parties at the Splash Pad (located at Lions Armstrong Memorial Pool) for up to 25 toddlers. You will have complete access to the splash pad and locker rooms during closed hours for your party. We staff the facility with lifeguards and a manager to supervise your splasers. **Mail or Drop Off Application to: Recreation Department * 2200 Harnish Drive, Algonquin, IL 60102**

Fees for Pass Holders:
 1-10 toddlers - \$75
 11-20 toddlers - \$100
 21-25 toddlers - \$125

Fees for Non Pass Holders:
 1-10 toddlers - \$125
 11-20 toddlers - \$150
 21-25 toddlers - \$175

*Unavailable Dates: 5/23, 5/24, 6/19, 6/20, 6/21, 8/21, 8/22, 8/23, 8/28, 8/29, 8/30, 9/4, 9/5, & 9/6

| | | | |
|--|-------------------------------|---------------|---------------------------------|
| Date of Party: | Month: | Day: | Year: |
| Time/Day of Party: | _____ Friday (10a-12p) | | _____ Saturday (10a-12p) |
| | | | # of Patrons: |
| Contact Person Address/City/Zip: | | | |
| Telephone: | | Email: | |
| Type of Party: | | | |
| Special Notes to Shift Manager: (i.e. bringing in cake, will use park outside facility, etc.) | | | |

I have read and understand the Village of Algonquin's Refund Policy and Pool & Splash Pad Rules.

In case of MEDICAL EMERGENCY, I authorize Village of Algonquin personnel to take such emergency action as may be deemed necessary.

Please read this form carefully and be aware that in enrolling and participating in any program/course/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/course/activity.

I recognize and acknowledge that there are certain risks of physical injury associated with participating in this program/course/activity, and I voluntarily agree to assume the full risk of any injuries, damages, or losses, regardless of severity, that I or my minor child/ward may sustain as a result of such participation. I fully understand and agree that all programs/courses/activity shall be at my or my minor child/ward's sole risk. I further agree to waive and relinquish all claims I or my minor child/ward may have or which may occur to me and/or my minor/ward as a result of participation in this program/course/activity. I do hereby fully release and forever discharge the Village of Algonquin from any and all claims for injuries, damages, or loss that I or my minor child/ward may have or which may occur to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/course/activity. I have read and fully understand the important information listed above, warning of risk, assumption of risk and waiver, and release of all claims. I do hereby fully release the Village of Algonquin to take photos or video imaging of the activity(s) that I (or my minor child) am participating in for future use as the Village deems necessary.

Signature of Responsible Party

Date

Office Use Only:

| | | | |
|-----------------|--------------|-------------------|--------------|
| Date Processed: | Received By: | Amount Processed: | Check Number |
|-----------------|--------------|-------------------|--------------|