



# DAILY GUEST FEE: \$15 GUEST WAIVER

PASS TYPE:  1 DAY  1 WEEK

Valid \_\_\_\_\_ thru \_\_\_\_\_

VALID PHOTO ID PRESENTED:  NO  YES

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City / Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_ Employer \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

NO YES

Have you been here before?

NO YES

Are you under 18 years of age? (Guests under the age of 18 MUST be accompanied by a parent / legal guardian)

HOW DID YOU HEAR ABOUT US?  Direct Mail  Drive By  Internet  Newspaper  Guest of / Referred by: \_\_\_\_\_

INTERESTS:  Nutrition  Spa  HE Parks Programs  Group Fitness  Weight Training  Personal Training  Cardio  Swimming

Please read the following carefully and be aware that in signing up and participating in the Hoffman Estates Park District identified programs/activities, you will be expressly assuming the risk and 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 said programs/activities (including transportation services/vehicle operation, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any injuries, damages or loss regardless of severity, that I or my minor child/ward may sustain as a result of 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 these programs/activities against the Hoffman Estates Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as Hoffman Estates Park District). I do hereby fully release and forever discharge the Hoffman Estates 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 or my minor child/ward and arising out of, connected with or in any way associated with these programs/activities. I agree to follow all Guest and/or Family Rules & Regulations, as well as Member Guidelines.

SIGNATURE (Parent or legal guardian if guest is under 18 years of age)

Date

Representative of The Club



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