

**GLENVIEW ICE CENTER 1851 Landwehr Rd. Glenview, IL 60026-1241 847-724-2800
2011-2012 PUBLIC SESSION SEASON PASS APPLICATION**

1. PRINT last name, address, home telephone number & email address.
2. List the name, birthdate & gender of each individual for whom you are purchasing a pass. Persons listed must all reside at the address listed, in the same apt. or condo. False information on this application will result in loss of skating privileges for all persons listed. Application must be signed by an adult. Children 5 and under do not need a pass if they always skate with an adult.
3. Submit the application during office hours with cash or a check made payable to the GLENVIEW ICE CENTER or GIC. You may also pay using a Visa, MasterCard or Discover.
4. Photographs for your Glenview Park District ID card can be taken during regular office hours. (If you and your family members already have cards because you've previously purchased fitness, pool or skating passes, you will not need to take a new picture or get a new card.)
5. Season passes are valid Sept.6, 2011 through Sept.3, 2012 and **MUST BE PRESENTED TO STAFF EACH TIME YOU COME TO A PUBLIC SKATING SESSION.**

	<u>PASS FEES</u>	<u>RESIDENT</u>	<u>NON-RES</u>
Household Name _____	Individual	\$50.00	\$65.00
Address _____	Senior Citizen	\$41.00	\$52.00
City _____ Zip _____	2 Family Members	\$65.00	\$75.00
Home Phone _____	3 Family Members	\$70.00	\$85.00
Email Address _____	4 Family Members	\$75.00	\$95.00
	5 Family Members	\$80.00	\$105.00
	6+ Family Members	\$85.00	\$115.00
	Replacement Pass	\$10.00	

First Name	Last Name	Birthdate	Male or Female?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

"I understand that season passes may be used only by the individuals for whom they were issued, that misuse will result in loss of privileges, that they are nonrefundable and cannot be prorated."

Signature of adult making application _____ date _____

V, MC or D# _____ exp _____/_____

Signature of Cardholder _____ date _____

OFFICE USE: Payment by: cash check V MC D Receipt # _____ processed by _____

Waiver and Release of All Claims and Assumption of Risk -

Please read this form carefully and be aware that in signing up and participating, in this program/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/activity (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said 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 this program/activity against the Glenview Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as "Glenview Park District").

I do hereby fully release and forever discharge the Glenview 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 this program/activity.

I understand that photos and videos are periodically taken of people participating in Glenview Park District programs and activities and I agree that any photograph or videotape taken by the park district of me or my minor child/ward while participating in a park district program or activity may be used by the park district for promotional purposes including its electronic media, videotapes, brochures, flyers and other publications without additional prior notice, permission or compensation to the participant.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering via fax, your facsimile signature shall substitute for and have the same legal effect as an original form signature.

(Signature of Participant or Parent (if participant is under 18 years) Date

PARTICIPATION WILL BE DENIED if signature of adult participant or parent/guardian and date are not on this waiver.