

**Glenview Community Ice Center 1851 Landwehr Rd. Glenview, IL 60026-1241 847-724-2800**

**2024-2025 Public Session Season Pass Application**

Pass Valid from September 2, 2024–May 31, 2025 (Monthly schedules available at [glenviewicecenter.org](http://glenviewicecenter.org))

Complete purchase online at [glenviewicecenter.org](http://glenviewicecenter.org) or email completed applications to [GCICfrontdesk@glenviewparks.org](mailto:GCICfrontdesk@glenviewparks.org)

Household Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Pass Holders**

First Name	Last Name	Birthdate	Gender	First Name	Last Name	Birthdate	Gender
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

*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.**

Season Skating Pass	Res. Cost Non Res. Cost	# of Total Visits to Exceed Purchase Value	Pass Cost Per Person	# of Visits per Person to Exceed Purchase Value
<b>Individual</b>	Res - \$65	10	-	-
	Non Res - \$80	12	-	-
<b>Senior (65+)</b>	Res - \$50	8	-	-
	Non Res - \$65	10	-	-
<b>2 Family Members</b>	Res - \$80	12	\$40	6
	Non Res - \$100	15	\$50	7
<b>3 Family Members</b>	Res - \$85	13	\$28.33	5
	Non Res - \$110	16	\$36.66	6
<b>4 Family Members</b>	Res - \$90	13	\$22.50	6
	Non Res - \$120	18	\$30	8
<b>5 Family Members</b>	Res - \$95	14	\$19	3
	Non Res - \$130	19	\$26	4
<b>6 Family Members</b>	Res - \$100	15	\$16.67	3
	Non Res - \$140	21	\$23.33	4

\_\_\_\_\_  
(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.

