



Receipt Number

Facility Reservation Form

1 E Crystal Lake Ave - CrystalLake-IL 60014 815-459-0680 crystallakeparks.org

EVENT Information

Household Last Name:	Name of Organization:			
Facility Requested:	Type of Event:			
Day of Event:	Date of Event:	Number of People Attending		
Start Time:	End Time:	Allowing Alcohol	Yes	No
Certificate of Insurance Due:	Family events over 100 people and all organizations, businesses, leagues of any size must carry insurance as outlined on Page 4-5 of the Facility Rental Agreement.			

CONTACT Information

First Name:	Last Name:	DOB:
Address:	City:	Zip:
Email Address:		
Day Time Phone:	Cell Phone:	

OFFICE Use Only

Notes:	Maintenance Deposit	
	Rental Fee	
	Total Fees Paid	

Crystal Lake Park District Waiver and Release of All Claims and Assumption of Risk

Read this carefully and be aware that in signing 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, when provided). **I have read** and fully understand the above important information, warning or risk, assumption of risk and waiver and release of all claims. If registering on-line or fax, your on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature. **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 have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Crystal Lake Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred to as the Crystal Lake Park District). I do hereby fully release and forever discharge the Crystal Lake 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. Participation will be denied if the signature of adult participant or parent/guardian and date are not on this waiver.

Additional Fees are to be determined as needed, (i.e., insurance, linens, patrol) and to be paid prior to 30 days of the event date.

I have read the Park District waiver and received a copy of the Facility Use Agreement.

Renters Signature:	Date:
Staff Authorization:	Date: