

**Buffalo Grove Park District**  
**SPRAY 'N PLAY (847) 793-0570**  
**951 McHenry Road**

**Group Reservation Contract Application**

All group contracts must include credit card information upon submission. Failure to show on your scheduled reservation date/time will result in a penalty assessment of \$50 per date and automatically charged to your credit card. Your credit card will not be processed until the day of your scheduled group reservation or you may choose to pay with a check or cash upon arrival in which your credit card will never be billed.

**Directions / Policies**

- ❖ Complete this contract, front and back, and be sure to sign and date it on the back with payment information.
- ❖ Return the completed contract to the Alcott Center office at 530 Bernard Drive, Buffalo Grove, IL 60089 or fax to (847) 459-5741.
- ❖ DO NOT make any arrangements for your group until you receive the approved confirmation copy via mail or fax.
- ❖ Please do not call the Park District unless you do not receive your confirmation copy within one week of submitting this application.
- ❖ Any change in this contract after it has been approved will result in a change of reservation fee in the amount of \$10 for administrative expenses.
- ❖ Groups may attend during normal operating hours: Monday-Friday 10am-7pm, Saturday 12-7pm or Sunday 12-6pm.
- ❖ **A \$50 no-show fee will be charged to your credit card if you fail to show up for this group reservation. (Excluding inclement weather)**

**Group / Contract Applicant**

Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Company / Organization: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Group Reservation Information**

Date requested: (One date per form) \_\_\_\_\_

Arrival time: \_\_\_\_\_ Departure time: \_\_\_\_\_

Please circle method of transportation and # of vehicles: Bus \_\_\_\_\_ Van \_\_\_\_\_ Car Pool \_\_\_\_\_

**Estimated Number of People Attending**

# of Children: \_\_\_\_\_ X \$3.00 = \$ \_\_\_\_\_ # of Adults: \_\_\_\_\_ X \$2.00 = \$ \_\_\_\_\_

*Total group number may not exceed 60 people.*

**\*\* Payment / Waiver information on reverse side \*\***

## Buffalo Grove Park District

### Waiver and Release of All Claims - Must be signed or the contract cannot be processed.

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in Buffalo Grove Park District programs, you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of said programs. I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any such injuries, damages or loss, regardless of severity, which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program(s). I waive and relinquish all claims I or my child/ward may have against the Park District and its officers, agents, servants and employees as a result of participant in any of the above program(s). I hereby fully release and discharge the Park District and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I or my child/ward may have or which may accrue to me or my child/ward on account of my participation or the participation of my child/ward in any of the above program(s). I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or by my child/ward, and arising out, connected with, or in any way associated with the activities of any of the program(s). Photo Disclaimer: Registrants and participants of programs and special events permits the Park District to take photos and videos of themselves and their children for publication in the program brochure, web site and additional uses as the Park District deems necessary unless the registrant or participant expressly files with the Park District a written objection as to photos or videos of themselves and/or their children.

### Spray 'N Play Rules

1. No person suffering from any contagious disease or infectious condition shall be allowed to enter the facility.
2. Tobacco is not permitted anywhere in the facility.
3. Food and drink are restricted to designated areas only. Grilling is not allowed in the Spray 'N Play or surrounding park areas.
4. Personal conduct within the pool facility must be such that the safety of self and other is not jeopardized. No running, boisterous or rough play, except supervised water sports is permitted.
5. People in street shoes, and other spectators, are not allowed in the wet areas of the facility.
6. Spitting, spout of water, blowing the nose or otherwise introducing contaminants is not permitted.
7. Glass, soaps, lotion or other material that might create hazardous conditions or interfere with the efficient operation of the Spray 'N Play shall not be permitted.
8. The staff of the Spray 'N Play is responsible for enforcing safety rules and responding to emergencies. Parents and guardian should supervise their children.
9. The Spray 'N Play manager has the authority to implement and enforce rules that are more stringent or that supplement those listed here.

### Approval

My signature indicates that I have read and agree to the conditions listed on this form, the Spray 'N Play rules, the waiver and release of claims included on this form and the payment procedures.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Rental #  
*Office Use*

# \_\_\_\_\_  
(Circle one) Visa / MasterCard / Discover

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Date reservation was approved by BGPD staff  
*Office Use*

-----  
*Office use only*

# of Children: \_\_\_\_\_ X \$3.00 = \$ \_\_\_\_\_

\_\_\_\_\_  
Spray'N Play Manager

# of Adults: \_\_\_\_\_ X \$2.00 = \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

Total Charge \$ \_\_\_\_\_