

Oasis Waterpark Pool Pass Application 2023

OASIS WATERPARK POOL PASS APPLICATION

- Family application is restricted to members of the immediate family permanently residing at the listed address.
- Verification must be shown for ages 21 & older to receive family rates.
- Proof of residency is required for any person 17 years or older to receive resident rates.
- Passes are picture ID's and are required for pool admission. Passes are not transferable.
- Children 2 and under are free and do not need a picture ID.
- A \$5 fee will be charged for replacement cards. **No refunds granted on pool passes.**
- By purchasing a season pass or paying the daily admission rate, you agree to fully adhere and abide by

2023 Pool Pass Rates

Pool pass holders can enter 1 hour early!

	Resident	Non-Resident		
Individual	\$105	\$142		
Family of 2	\$150	\$215		
Family of 3	\$203	\$289		
Family of 4	\$252	\$346		
Family of 5	\$289	\$378		
Each Additional*	\$47	\$58		
Senior (62+)**	\$79	\$110		
Senior, 2 Adults	\$117	\$159		

Family members are defined as parents and their non-adult children

(21 years & under) re	siding in the same household.	
*3 years old & older.	**Senior rate is per person.	

all facility rules. Failure to do so can result in being asked to leave Uasis Waterpark.				5 years old & older. Sellior rate is per person.				
Parent/Adult Nam	ne			Please check one:	Renewal	New		
Address			City			Zip		
Home Phone Cell Phone				Email				
METHOD OF PAYMENT:		Name:				Exp. Date:		
□ Cash □ Check	☐ MasterCard ☐ Visa	Card Number:						
☐ Am Ex ☐ Discover	Signature: —	Signature:			Amount:			
	Participant's Last Name		Participant'	s First Name		Birthdate	Fee	
						Total		
will be waiving Please read this forn Ill claims for injuries	D RELEASE OF ALL CL and releasing all claims for a carefully and be aware that in sign , damages or loss which you or you	injuries you might su ing up and participating in t minor child/ward might su	ıstain arising out	of this program.				
recognize and ackr	tion services/vehicle operation, who lowledge that there are certain risks	of physical injury to particip	pants in these program	s/activities, and I volunt	arily agree to assum	e the full risk of any and all inju	ries, 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 m child/ward) as a result of participating in all these programs/activities against the Niles Park District, including its officials, agents, volunteers and employees (here-in after collectively referred as "District").

I do hereby fully release and forever discharge the 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.

If registering on-line or via fax, your on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Additionally, by signing this form, I am certifying that I qualify for the rate charged (i.e. If resident rate was charged, I am/my children are residents of the Niles Park District). If this is proven untrue, I realize that my park district privileges may be suspended or revoked.

Photos are periodically taken of participants in a class, during a special event or at the District's parks. Please be aware that these photos are for Park District use only and may be used in the District's publications.

I have read and fully understand the above important, warning or risk, assumption of risk and waiver and release of all claims.

PLEASE PRINT Participant's Name

(18 years or older or Parent/Guardian) Date Participant's Signature