



Birthday Party Request



I Understand: (Please initial)

- _____ Payment is due in full at the time of booking. Instructions to pay will be sent in a confirmation email. Payment is due within 24 hours of the confirmation email.
- _____ A member of our team will contact you via email to finalize number of guests, cupcake order, and food/drink order approximately seven to ten days prior to event date. Final headcount, cupcake order, and food/drink order must be sent to Taylor (thutton@we-goparks.org) by 12p on the Monday prior to the party date.
- _____ Cancellations and/or rescheduling requests received at least seven days in advance will be granted minus a \$20 service fee. Requests received less than seven days in advance will not be granted, and fees are non-refundable.
- _____ Access to the Party Hut is available 15 minutes prior to party start time. The Party Hut and TreeTop Escape must be completely vacated at the party end time.
- _____ Socks are required to play inside TreeTop Escape. Grippy socks are recommended.
- _____ Playtime in TreeTop Escape is not private and others may be playing in TreeTop Escape at the same time.
- _____ Balloons and vendors are not allowed in TreeTop Escape.

Waiver:

Please be aware that in signing up for and participating in programs/activities, you will be expressly assuming the risk and waiving and releasing all claims for injuries you or your children might sustain arising out of these programs. I understand the cancellation and rescheduling policies listed on the Birthday Party form.

As a participant in these West Chicago Park District programs, I recognize and acknowledge that there are certain risks of physical injury and agree to assume the full risk of any injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities connected with or associated with such programs. I agree to waive and relinquish all claims I may have as a result of participating in the programs against the West Chicago Park District and its officers, agents, servants and employees. I do hereby fully release and discharge the West Chicago Park District and its officers, agents, servants, and employees from any and all claims from injuries, including death, damages and losses which I may have, or which may occur to me on account of participation in these programs.

I further agree to indemnify and hold harmless and defend the West Chicago Park District and its officers, agents, servants, and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me or arising out of, connected with, or in any way associated with the activities of these programs. In the event of an emergency, I authorize the West Chicago Park District officials to secure from any licensed hospital, physician and/or medical personnel, any treatment deemed necessary for any immediate care and agree that I will be responsible for payment of any and all medical services rendered. The West Chicago Park District does not carry medical or accident insurance for program participants. Please review your own health insurance to be certain that you and your family have adequate coverage.

Signature _____

Date _____

Please Submit Birthday Request by:
Email: thutton@we-goparks.org
In-Person or Mail: West Chicago Park District
201 W. National Street
West Chicago, IL 60185

Internal Use Only	
Request Received _____/_____/_____	Time: _____
____ Entered into RecTrac	____ Reservation Updated
____ Confirmation Email Sent	____ Updated Payment (if needed)
____ Payment Complete	____ Cupcakes Ordered
____ Final Confirmation Sent	____ Food/Drink Ordered