



# GROUP OUTING REQUEST

2025



Turtle Splash Water Park is available for a day of "splash-tastic" fun for groups of at least 20 guests. Requests must be received at least one week in advance.

**Agency Name** \_\_\_\_\_

**Main Contact's Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_  CELL  HOME  WORK (Choose One)

**Email Address** \_\_\_\_\_ **Requested Date** \_\_\_\_\_

**Requested Time** \_\_\_\_\_ **Day of Contact Person** \_\_\_\_\_

Turtle Splash Water Park is Open Daily from 12:00pm-6:30pm

### Required Ratios

Age 5 and Under - 1:5 (One Adult to 5 Children)

Age 6+ Years - 1:10 (One Adult to 10 Children)

### Fees (Regular Admission Rates Apply the Day of for Additional Guests)

Resident	\$11 per Person	x _____ (# of Guests)	=	\$ _____
Non-Resident	\$14 per Person	x _____ (# of Guests)	=	\$ _____

### Optional Add-Ons

The grassy hill is the designated area for all groups. A canopy area can be reserved for your group. Each canopy area consists of four picnic tables.

Reserved Canopy \$50 Flat Fee \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

Payment must be received in full at the time of booking. In case of inclement weather, call our Rainout Line at **630-225-7876 ext. 9** or visit RainoutLine.com. If Turtle Splash Water Park is closed, you will have the option to reschedule or receive a refund in full for your visit.

No outside food is allowed inside the Turtle Splash Water Park facility. Planning to bring a lunch? Feel free to enjoy it in Reed-Kepler Park before entering the facility.



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Certificate of Insurance for any businesses are required. COI must list the West Chicago Park District as additional insured and be provided at least one week prior to requested date. Certificates of Insurance can be emailed to Heather Kairys, Recreation Supervisor, at [hkairys@we-goparks.org](mailto:hkairys@we-goparks.org).

### Payment Method:

Check #: \_\_\_\_\_ (Made Payable to *West Chicago Park District*)

Charge my Account

\*If you do not have an existing account with the West Chicago Park District, one will be created for you and your username and password will be emailed to you. If you need additional assistance, please call 630-231-9474.

### I Understand: (Please Initial)

\_\_\_\_\_ Absolutely no outside food or drinks are allowed within the facility. Concessions items may be purchased and brought to your canopy area.

\_\_\_\_\_ Headcount is due at least one week prior to your reservation date. Payment is due in full. Refunds will be processed the day of your rental for any guests not in attendance.

\_\_\_\_\_ Any business/organization booking a rental must provide a COI listing the West Chicago Park District as additional insured. This is due at least one week prior to your rental.

### Waiver:

By signing this agreement, I acknowledge that I have read and understand the terms and conditions of The West Chicago Park District's Group Rental Agreement. I agree to abide by all rules and regulations at Turtle Splash Water Park. I assume responsibility for any damage to the West Chicago Park District's Property during our use of Turtle Splash Water Park. Our group agrees to hold harmless the West Chicago Park District and all of its officers in the event of any injuries or accidents arising out of the use of Turtle Splash Water Park.

I agree to release, waive and relinquish any and all claims I (or my minor child or ward) may have as a result of participating in these programs/events against the District and LGI Inc., any and all other participating or cooperating governmental units, any and all independent contractors, officers, agents, servants and employees of the governmental bodies and independent contractors, and any and all other persons and entities of whatever nature, that might be directly or indirectly liable for any injuries that I (or my minor child or ward) might sustain as a result of participating in these programs, the District's provision of, or failure to provide, proper instructions or supervision, the use and adjustment of any and all machinery, equipment, and apparatus, and anything related to my use (or the use by my minor child or ward) of the services, facilities, or premises involved in these programs, and transportation to and from any events.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

#### Internal Use Only

Request Received _____/_____/_____	Time: _____
_____ Entered into RecTrac	_____ COI Received
_____ Confirmation Email Sent	_____ Payment Complete