

Gift Certificate

Mail gift membership to: Recipient Giver

This gift is from: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone#: _____ Cell or Home

E-Mail Address: _____



**1095 W. Perry St.
Bourbonnais, IL 60914
815-933-9905 ext. 3
www.btpd.org**

I recognize and acknowledge that there are certain risks of physical injury to membership participation, and I agree to assume the sole and full risk of any injuries, damages, or losses regardless of severity which I or my minor child(ren)/ward(s) may sustain as a result of participating in any and all activities connected with or associated with membership. I agree to waive and relinquish any and all claims I, or my minor child(ren)/ward(s) may have against the Bourbonnais Township Park District and its officers, agents, servants, and employees as a result of membership. I do hereby fully release and discharge the Bourbonnais Township Park District and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages, or losses which I, or my minor child(ren)/ward(s) and arising out of, connected with, or in any way associated with the activities of the membership. I further agree to indemnify and hold harmless and defend, at my sole expense, the Bourbonnais Township Park District and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages, or losses sustained by me or my minor child(ren)/ward(s) arising out of, connected with, or in any way associated with the activities of the membership. In the event of any emergency, I authorize the Bourbonnais Township Park District representatives to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary by them for the immediate care of me or my child(ren)/ward(s), and I agree that I will be solely responsible for payment of any and all medical services rendered with no right to recovery, having waived my right to the same from the Bourbonnais Township Park District, its representatives, or its insurance provider. I have read and fully understand the details of the membership and agree to abide by this Waiver and Release of All Claims and Permission to Secure Treatment and understand that my signature below acknowledges same and is required for Exploration Station membership.

Date: _____

Signature: _____

Membership Application

Please PRINT clearly

List first and last names for all members

New Membership Renewal Upgrade

Date purchased __/__/__ Expiration Date __/__/__

Primary Member (Adult member visiting most often.)

Name: _____ Male Female D.O.B. __/__/__

Address: _____ City: _____

State: ____ Zip: _____ Primary Phone#: _____ Cell or Home _____

E-Mail Address: _____

Key Fob 1 # _____ Key Fob 2 # _____

ADDITIONAL MEMBERS (adults and children)

Name: _____ D.O.B. __/__/__ Male Female

Name: _____ D.O.B. __/__/__ Male Female

Name: _____ D.O.B. __/__/__ Male Female

Name: _____ D.O.B. __/__/__ Male Female

Name: _____ D.O.B. __/__/__ Male Female

Membership Level

| | | | |
|---|-------------------|----------|--|
| Basic Membership (Up to 2 people) <i>*limit one supersize member</i> | Resident | \$48.00 | |
| | Non-Resident | \$56.00 | |
| Family Membership I (Up to 4 people) <i>*limit one supersize member</i> | Resident | \$96.00 | |
| | Non-Resident | \$112.00 | |
| Family II Membership (Up to 6 people) | Resident | \$144.00 | |
| | Non-Resident | \$160.00 | |
| SUPPORTER MEMBERSHIP | | \$165.00 | |
| *Supersize Members | \$20.00 X _____ = | | |

Cash Check # _____ Credit Card Receipt # _____

Membership Amount \$ _____ + Supersize Members \$ _____ - Discount Amounts \$ _____ = \$ _____

Signature: _____ **Date:** _____