



Metamora Pool Party Reservations 2025

At time of reservation, half of the payment must be submitted to reserve the date. The pool does not accept credit cards. Check or cash only. Reservations must be made at least two (2) weeks in advance to allow time for scheduling of lifeguards. **If party must be called off due to weather, no refunds will be issued for parties over one hour. For parties less than one hour, half of party price will be refunded or party may be rescheduled if an agreeable time can be found. If a party must be canceled completely due to weather then a refund will be issued.**

Available from 6:30p-8:30p daily, except the weeks of July 14 and July 21, which is available 7p-9p daily
(to accommodate evening lessons)

Prices:	In District	Out of District
100 people or less-	\$350	\$365
More than 100 people-	\$400	\$415

Party Name: _____ Number of People: _____
Contact Person: _____ Phone Number: _____
Date of Party: _____ Email: _____

Total Paid: _____ Total Remaining: _____

**** Have received the pool rules and understand the consequences of failure to comply:**

Contact Signature: _____

Pool Staff Signature: _____

Pool Rules

- Must pay at least half of the pool party charge at time of reservation. Remainder must be paid in full at least one week (7 days) in advance of party date.
- Party guests may not enter the pool area unless the reservation is paid in full, and the manager has indicated that the pool is clear of patrons.
- If for any reason the party reservation needs to be canceled, notify the pool at least 7 days in advance to receive a full refund.
- If the party is rained out, the pool will work with you to set up a rain date. If one cannot be arranged, the pool will refund your payment.
- Food may only be eaten in the outdoor dining area or the shelter outside the gates. There is no food allowed in or near the pool.
- No alcohol is allowed inside the pool or anywhere on Park District property.
- No smoking is allowed inside the pool or anywhere on Park District property.
- All guests must follow safety rules and obey pool staff at all times.
- If for any reason guests fail to follow the rules, they may be removed from the pool area and risk possible early closure/cancellation of the party.

Office Use Only: Cash/Check # _____ Date _____ Processed By _____

WAIVER AND RELEASE FORM

I (print name) _____, hereby waive and release all claims for injuries sustained by me and/or my child, _____, arising out of all programs, activities, facilities and events associated or connected with METAMORA PARK DISTRICT. I recognize that such programs, activities, facilities and events have certain inherent risks that may result in injury, death, damage or loss and I understand that if I refuse to sign this form, the Park District will not allow such participation by me or my child. I also understand that by participating in such programs, activities, facilities and events; I expressly assume the risk for any injury, death, damage or loss which I and/or my child may sustain as a result of such participation. I further release and discharge the Park District, its officers, agents, servants, employees and volunteers from any and all claims that my child or I may have or which may accrue to my child or me as a result of such participation. I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants, employees and volunteers from any and all claims that my child or I may have or which may accrue to my child or me as a result of such participation.

I (print name) _____, am solely responsible for determining whether my child or I am physically fit and/or skilled for participation in METAMORA PARK DISTRICT activities or programs, and I am aware that it is advisable that I and/or my child consult a physician before undertaking any activity associated or connected with the Park District's programs, activities, facilities and events. I further represent that I have adequate medical insurance coverage for my child and me, and in case of accident or sickness, I hereby consent to emergency medical care provided by ambulance or hospital personnel for my child and/or me.

I _____ am enrolling in and activity being operated by Metamora Park District on _____. I understand and acknowledge that my enrollment and my participation in Activity is wholly voluntary and that there are physical risks and hazards connected with participation, including, but not limited to the risk of communicable disease such as COVID-19. I understand, acknowledge, and agree that Metamora Park District is not responsible for and does not assume the costs of any medical testing, care, or treatment associated with my participation in the Activity, including, but not limited to, any medical testing, care, and treatment of myself or anyone with whom I may have contact during or after my participation in the Activity.

With regards to the risks posed by COVID-19, I acknowledge, understand, and agree:

A. That the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization and, as a result, the Activity is being delivered during a time of a national public health crisis;

B. That COVID-19 is extremely contagious and there are risks, known and unknown, associated with my participating in Activity;

C. That other participant, volunteers, coaches, and group leaders may be infected before and/or during Activity and could transmit COVID-19 without displaying any symptoms;

D. It is my responsibility to manage the risks to myself, and others I may come into contact with which are associated with COVID-19;

E. That I may pose a risk to those that are most impacted or at greatest risk of infection from COVID-19;

F. That Metamora Park District cannot guarantee that I or others with whom I come into contact with during and after participation in the Activity will not become infected with COVID-19.

I agree to comply with all Metamora Park District's rules and regulations regarding my participation in the Activity, including all rules and regulation that pertain to COVID-19. I understand and agree that noncompliance with any such rules and regulations by myself or anyone acting on my behalf may result in termination of my participation in the Activity. I further understand and agree that if I or anyone I have had direct recent contact with exhibits symptoms of COVID-19, as set out by the U.S. Centers for Disease Control, on the day of or within 14 days prior to the Activity, I will not participate in the Activity. I understand and agree that if I exhibit symptoms of COVID-19, as set out by the U.S. Centers for Disease Control, during the Activity, I will be leave the activity immediately and notify Metamora Park District of the same. I understand and agree that any registration, activity, or program fees will not be returned if my participation in the Activity is terminated under either of these circumstances. I understand and agree that if I or anyone I have had direct contact with exhibits symptoms of COVID-19, as set out by the U.S. Centers for Disease Control, within 14 days after the Activity, I will immediately provide notice of the same to Metamora Park District.

Having been given sufficient time to read and review the above acknowledgements, understandings, and agreements, I hereby voluntarily choose to participate in the Activity.

I voluntarily agree to assume all risks, known and unknown, and accept sole responsibility for any injury to myself or others with whom I may come into contact, including, but not limited to personal injury, disability, death, illness, damage, loss, claim, liability, or expense, of any kind, that I or others who I may come into contact with may experience or incur in connection with my participation in the Activity. On my behalf, my heirs, and my legal representatives, I hereby release, covenant not to sue, discharge, and hold harmless Metamora Park District, its successors, assigns, employees, Board members, officers, officials, administrators, agents, and volunteers from any and all claims, causes of action, suits, expenses, debts, accounts, controversies, damages, claims and demands arising out of my participation in the Activity.

I hereby acknowledge that I have read this Waiver, Release, and Assumption of the Risk, I understand the same, and I have voluntarily signed it below.

Signed this ____ day of _____, 202__.

_____	_____	_____
Printed Participant Name	(Signature of Parent/Guardian/self)	Date

PHOTO/VIDEO AUTHORIZATION

I (print name) _____ parent or official guardian of (child's name) _____, hereby authorize and give consent to METAMORA PARK DISTRICT and its officers, agents, servants, employees and volunteers to take and use photographs, video and/or digital images of me and my child during participation in the Park District's programs, activities, facilities or events for use on the Park District's promotions, publications and web site without limitation. I further understand that such photographs, video or digital images of my child and/or me are the exclusive property of METAMORA PARK DISTRICT and I authorize the use of these images without compensation to me.

By: _____
(Signature of Parent/Guardian) _____ Date