



Your Home Port®

DEPARTMENT OF PARKS AND RECREATION
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Phone: 262-284-5881 • Fax: 262-284-7678
portwashington.recdesk.com

APPLICATION FOR POOL GROUP RESERVATION

Applicant's Name \_\_\_\_\_ Organization \_\_\_\_\_
Address \_\_\_\_\_ Phone \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
Date of Reservation \_\_\_\_\_ Hours \_\_\_\_\_ Estimated Attendance \_\_\_\_\_

\$0.50 Off Each Ticket / Adult Supervisors Free

Groups of ten (10) or more persons are granted a special rate at Pirates' Hollow Waterpark. Upon calling 48 hours in advance, admission will be reduced by \$0.50 per person and adult supervisors will be admitted free. The City requires a ratio of one (1) adult supervisor for every eight (8) children. Parks & Recreation staff reserves the right to refuse group reservations due to scheduling conflicts. Special discounts apply only to approved groups.

Discounted Admission Fees: Youth - Resident @ \$2.50/each x \_\_\_\_\_ (# of persons) = \$ \_\_\_\_\_
Youth - Non-resident @ \$5.50/each x \_\_\_\_\_ (# of persons) = \$ \_\_\_\_\_

LIABILITY WAIVER: I the undersigned do hereby agree; or agree for the above named registrant for whom I am the parent or guardian, to participate in the activity indicated and am aware of and understand that there may be risks and hazards inherent with participants in this activity. I affirm that I, or the minor registered for this activity, am doing so as a voluntary participant. In consideration of my participation or participation of the minor I do hereby agree to release, waive, absolve, indemnity on behalf of myself or minor, my/his/her family, my/his/her heirs and my/his/her assigns the City of Port Washington, its employees, officers, agents and sponsors from liability, for injury, death or loss suffered by me or the minor in any and all present and future claims, liabilities, damages or right of action directly or indirectly resulting out of participation in the activity, using the facilities, or engaging in any activities incidental thereto during the duration of the scheduled program, which result from the ordinary negligence for the City of Port Washington, its employees, officers, agents and sponsors. The City of Port Washington does not provide accident insurance to participants in recreational activities and I assume, or agree for the above named registrant for whom I am the parent or guardian, full responsibility for any and all injuries or damages which may occur to me or the above named registrant while participating.

MEDICAL EMERGENCY RELEASE WAIVER FOR MINORS: In the event of a medical emergency, I authorize the Parks and Recreation Department Staff to obtain medical treatment for my son/daughter or minor for which I am a guardian.

PHOTO RELEASE: I agree to allow publication of any photos taken at any program, event or facility of the City of Port Washington Parks and Recreation Department.

Applicant's Signature

Date