



SAFETY TOWN

Fieldtrip Contract

Buffalo Grove Park District

*Safety Town
Twin Creeks Park
401 Aptakistic Road
Buffalo Grove, IL 60089
Supervisor: Brian O'Malley
bomalley@bgparks.org
Daytime Phone: 847.850.2119
Cell: 847.372.9335
Fax: 847.459.5741*

Agency Name: _____

Daytime Phone: _____

Contact Name: _____

Email Address: _____

Address: _____

Fax Number: _____

Fieldtrip Date: _____

Start/End Time: _____

*Please arrive no earlier than 15 minutes prior to your fieldtrip time.

(2 hours Max)

Group Rates (Min. 11 / Max. 50)

- \$10 per child = 11 – 15 Children
- \$7 per child = 16 – 20 Children
- \$5 per child = 21 + Children

*10:1 Staff to Children Ratio Required

Quantity: _____ Price: _____

Total: _____

PAYMENT INFORMATION

Date Received: _____

*Full Payment is due 5 days before fieldtrip on: _____

If payment is not received by this date your fieldtrip will be cancelled.

Please return signed contract and payment to the Alcott Center, 530 Bernard Drive, Buffalo Grove, IL 60089

Due to internet security precautions, the payment form is only accepted via fax, mail or in-person. Credit card information is not accepted via email.

Payment: Cash Check Credit Card

If using Credit Card, please fill-out information below:

Credit Card Charge #: _____ Expiration Date: _____

Authorizing Signature: _____

Please read and sign waiver on back



Buffalo Grove Park District Safety Town Fieldtrip

Waiver and release of claims

Must be signed or registration cannot be processed.

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in Buffalo Grove Park District programs, you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of said programs.

I recognize and acknowledge that there are certain risks of physical injury to participants in the program(s), including transportation services, for which I have registered and I agree to assume the full risk of any such injuries, damages or loss, regardless of severity, which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program(s), including transportation services. I waive and relinquish all claims I or my child/ward may have against the Park District and its officers, agents, servants and employees as a result of participation in any of these program(s), including transportation services. I hereby fully release and discharge the Park District and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I or my child/ward may have or which may accrue to me or my child/ward on account of my participation or the participation of my child/ward in any of these program(s), including transportation services. I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or by my child/ward, and arising out, connected with, or in any way associated with the activities of any of the program(s), including transportation services. Photo Disclaimer: Registrants and participants of programs and special events permits the Park District to take photos and videos of themselves and their child/ward for publication in the program brochure, website and additional uses as the Park District deems necessary unless the registrant or participant expressly files with the Park District a written objection as to photos or videos of themselves and/or their child/ward.

I have read and fully understand the program details and waiver and release of all claims.

Authorizing Name: _____

Signature: _____ Date: _____