



# Exploration Station

Household #

<b>Membership Application</b>		
<input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL		
<b>Member / Guardian Information</b> <i>(All below information is Required)</i>		
<b>Primary Guardian:</b>	D.O.B:	
Address:		
City/State:	Zip Code:	
Email:	Phone:	
<b>Secondary Guardian:</b>	D.O.B:	
Email:	Phone:	
<b>Additional Household Members / 4 or more listed is subject to an additional charge</b> <i>(First and Last Name; DOB Required)</i>		
1.	D.O.B:	
2.	D.O.B:	
3.	D.O.B:	
4.	D.O.B:	
5.	D.O.B:	
6.	D.O.B:	
<b>Membership Options (Up to 5 people — at least one adult)</b>		
<input type="checkbox"/> Master Voyagers Membership	<b>\$275</b>	<b>Expiration Date:</b>
<input type="checkbox"/> Ace Explorers Membership	<b>\$195</b>	<b>Expiration Date:</b>
<input type="checkbox"/> Junior Adventurers Membership	<b>\$135</b>	<b>Expiration Date:</b>
<input type="checkbox"/> Partners in Play Membership <input type="checkbox"/> Kidworks <input type="checkbox"/> Oak Lawn	<b>\$225</b>	<b>Expiration Date:</b>
<b>Waiver and Release</b>		
<p>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 the same and is required for Exploration Station membership.</p>		
Signature:		Date:
<b>Payment Information</b>		
<b>Total:</b>	<input type="checkbox"/> Cash	<input type="checkbox"/> Check #
	<input type="checkbox"/> Gift Card #	<input type="checkbox"/> Credit Card Receipt #

