



# Wildlife Birthday Parties

Sit back and let your child have the best wildlife experience ever!

We can provide an entertaining, interactive, and educational experience on-site at the Wildlife Discovery Center for birthdays or other celebrations. Parties can be held on Saturdays or Sundays between the hours of 10:30 am and 3:00 pm. Minimum age is 4 years old.

## EACH 90 MINUTE PARTY INCLUDES:

- » tables and chairs in the hay barn
- » adult supervision
- » a 30 to 45-minute wildlife program featuring live animals
- » illustrations of our animals and crayons for coloring

**Note:** Refreshments, decorations and other party-related items are the responsibility of the host. Balloons are not allowed at the WDC due to their negative environmental impact.

**Fees:** Up to 25 people (including children AND Adults) . . . . .  Resident fee - \$395  Non-Resident fee - \$474  
Up to 50 people (including children AND Adults). . . . .  Resident fee - \$475  Non-Resident fee - \$570

(For more than 50 people, please email Rob Carmichael at [carmichr@cityoflakeforest.com](mailto:carmichr@cityoflakeforest.com) to discuss the fee.)

## CONTACT INFORMATION:

Parent Name : \_\_\_\_\_

Today's Date : \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## PARTY DETAILS:

*Note: All Parties are 1.5 hours in length and take place on Saturdays or Sundays between the hours of 10:30 am and 3:00 pm*

Requested day/date of party: \_\_\_\_\_

Time of party: \_\_\_\_\_

Second choice date/time: \_\_\_\_\_

Who is the party for? Name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate: \_\_\_\_\_

Number attending (including children AND adults): Children \_\_\_\_\_ Adults \_\_\_\_\_

➡ TURN OVER FOR PAYMENT INFO AND SIGN WAIVER ➡

## PARTICIPANT LIABILITY WAIVER AND HOLD HARMLESS AGREEMENT:

Please read this form carefully and be aware that by registering for and participating in this program(s), or by registering your minor child/ward for participation in this program(s), you will be waiving your rights and/or the rights of your minor child/ward to all claims for injuries you or your minor child/ward might sustain arising out of this program(s) and you will be required to indemnify, hold harmless, and defend the Lake Forest Recreation Department and the City of Lake Forest for any claims arising out of participation in said program(s). **Risk of Injury:** "As a participant in the program, or as a parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities associated with this program, including transportation and approved vehicle operation when provided." **Waiver of Injury Claims:** "I agree to waive and relinquish any and all claims I may have arising out of, connected with, or in any way associated with the activities of the program, including transportation and approved vehicle operation when provided." **Release from Liability:** "I do hereby fully release and discharge the Lake Forest Recreation Department and the City of Lake Forest and its officers, agents, and employees from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may occur on account of participation in the program, including transportation and approved vehicle operation when provided." **Indemnity and Defense:** "I further agree to indemnify, hold harmless and defend the Lake Forest Recreation Department and the City of Lake Forest and its officers, agents, and employees from any and all claims from injuries, including death, damages and losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program, including transportation and approved vehicle operation when provided." In the event of any emergency, I authorize the Lake Forest Recreation Department to secure from any licensed hospital, physician, and / or medical personnel any treatment deemed reasonable and necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered."

I have read and fully understand and agree to the above Participant Liability Waiver and Hold Harmless Agreement.

Name of parent/guardian (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Today's date \_\_\_\_\_

- By checking this box, I accept the terms of this Participant Liability Waiver and Hold Harmless.

**Please note, completion of this form does not constitute a contract, but rather a request for a reservation. Once we review your Birthday Party Request Form, we will contact you to finalize the details of your Wildlife Birthday Party and answer any questions you may have. If you have questions about booking a party, contact Rob Carmichael: [carmichr@cityoflakeforest.com](mailto:carmichr@cityoflakeforest.com), 847-810-3663.**

*Thank you for booking your party at the Wildlife Discovery Center!*

## FEES AND PAYMENT INFORMATION

**PLEASE NOTE:** Full payment is due with your reservation. Please return this completed form to the Lake Forest Recreation Center, 400 Hastings, Lake Forest, IL 60045. You can also FAX it to: 847-615-4251 or drop it off at the Rec Center front office.

### PLEASE CHECK ONE:

Up to 25 people (including children AND Adults) . .  Resident fee - \$395  Non-Resident fee - \$474

Up to 50 people (including children AND Adults) . .  Resident fee - \$475  Non-Resident fee - \$570

For more than 50 people, please email Rob Carmichael at [carmichr@cityoflakeforest.com](mailto:carmichr@cityoflakeforest.com) to discuss the fee.

- I would like to make an additional donation to help in the continued care of the WDC animals.  
Your donation is fully tax deductible through the Friends of Lake Forest Parks and Recreation.  
Donation amount \$ \_\_\_\_\_

I prefer to make payment by:

- Check. Make the check out to Wildlife Discovery Center.
- Credit Card. I give permission for the LF Recreation Department to process this charge on my credit card.

Please charge my credit card:  VISA  MasterCard  Discover  AMEX

Name on Credit Card (Please print): \_\_\_\_\_

Credit card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ CSV: \_\_\_\_\_

TOTAL AMOUNT to charge to my credit card: \_\_\_\_\_

Signature \_\_\_\_\_

