



WESTERN DUPAGE SPECIAL RECREATION ASSOCIATION

116North Schmale, Carol Stream, Illinois 60188

www.wdsra.com

Phone: 630/681-0962

Fax: 630/681-1262



PERMIT APPLICATION FOR MIRACLE FIELD

PLEASE PRINT

Date of Application: _____

Organization: _____

Date(s): _____ Day(s) of the Week: _____ Exact Time: _____

Purpose or use: _____

Number of People in Group: _____

Special Arrangements: _____

Person in Charge: _____ E-mail _____

Address: _____

Phone:(H) _____ (W) _____

Alternate Contact: _____ Phone: (H) _____ (W) _____

Fees and Regulations

- **\$15/hour for groups from Roselle.**
\$20/hour for groups outside of Roselle.
No charge for groups consisting of athletes with disabilities.
- All outside groups need to submit a **Certificate Of Insurance** (Naming WDSRA and the Roselle Park District as additionally insured) with this

application, or if you are unable to attain one, a \$50 security deposit is required. The deposit is refunded upon the completion of the use of the field.

- All groups are required to report any damage found or caused by the group.
- No cleats allowed on the field, only gym shoes.

I, undersigned, agree to abide by the park ordinances and to be completely responsible for the proper conduct of the organization.

Signature

Date

OFFICE USE ONLY

Approved: _____ Not approved: _____ Fee: _____ SPARE: _____

Insurance: _____ Deposit: _____

WDSRA Staff: _____ Date: _____



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MIRACLE FIELD PERMIT

PERMISSION IS GRANTED TO:	
ORGANIZATION:	
ADDRESS:	
PHONE:	
FOR THE USE OF:	
PARK:	The Miracle Field – Parkside Park
ON THE FOLLOWING DATES:	
TIME:	
Rental Fee:	
Security Deposit:	
NOTE:	

Conditions:

1. The undersigned and/or group shall abide by all rules, regulations and conditions established by WDSRA.
2. Teams must provide their own equipment.
3. The below representative must be present throughout the event.
4. WDSRA has the right to cancel the Use Permit without liability.

I hereby agree to the above conditions:

Signature of Representative

PERMIT IS NOT VALID WITHOUT SIGNATURE

Name of Organization:

Date:

Comments:

Approved: _____

WDSRA Staff/Date

MIRACLE FIELD WAIVER & RELEASE

(In the event that the rental group is not able to provide a certificate of insurance, this waiver should be filled out and SIGNED BY A REPRESENTATIVE OF THE GROUP THAT WILL BE SUPERVISING THE USE OF THE MIRACLE FIELD.)

IMPORTANT INFORMATION

The WDSRA and Roselle Park District are committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The WDSRA and Roselle Park District continually strive to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in recreational programs/activities.

You are solely responsible for determining if you or your group members are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Baseball/softball is intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury. All hazards and dangers cannot be foreseen. Certain risks include, but are not limited to, the acts of pitching, throwing, fielding and catching the ball, the swinging of the bat, being struck by errant balls, being struck by another player's bat, running, jumping, stretching, sliding, diving, collisions with other players and with stationary objects, acts of God, inclement weather, horseplay, unsportsmanlike conduct, dangerous playing conditions, poor field conditions, defective equipment, equipment failure, premises defects, slip and falls, failure in supervision and officiating, and all other circumstances inherent to sport of baseball/softball. In this regard, it is impossible for the WDSRA and Roselle Park District to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your group members might sustain as a result of participating in any and all activities connected with and associated with this program/activity.

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I or member of my group may sustain as a result of said participation. I further agree to waive and relinquish all claims I or a member of my group may have as a result of participating in this program/activity against the WDSRA and Roselle Park District, including its officials, agents, volunteers and employees.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

PLEASE PRINT

Rental Group Name

Date _____

Signature

PARTICIPATION WILL BE DENIED

If the signature of adult participant or parent/guardian and date are not on this waiver.