



PASS APPLICATION FORM

4750 Vernon Avenue - McCook, Illinois 60525
 Phone (708) 485-9900 - www.max-mccook.com

Head of Household Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

E-mail Address _____ Date of Birth: ____/____/____

Secondary Guardian Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

E-mail Address _____ Date of Birth: ____/____/____

Pass Holder Name: _____

Address: _____ City: _____ Zip: _____

E-mail Address _____ Date of Birth: ____/____/____

Gender: Male Female Emergency Phone _____

MEMBERSHIPS: ____ New Membership ____ Renewal Fee: _____

Youth Pass _____ Adult Pass _____ (Max Pass is required for Admittance) Bounce Pass _____

The Max - Registration Policy

- ◆ All persons interested in purchasing a Max Pass
 1. One Current form of Picture I.D. (Drivers License, State I.D. Card, Student I.D., etc.)
- ◆ Pass use is limited to the person registered. Pass is required for admittance.
- ◆ **Passes are Non-Refundable and Non-Transferable.**
- ◆ Access to The Max only during designated times.
- ◆ Failure to abide with the rules and regulations of The Max may result in sanctions and possible forfeiture of Pass without refund.

Please review the back of this registration form and sign the attached waiver. Max Passes will need to be renewed every 6 months at a fee of \$4. Any changes to personal information will be made and an updated waiver will be held on file. Initial Max Pass registration is free. Lost Key Fobs will be charged a \$5 fee per lost fob.

I understand the above rules, regulations and fees.

Pass Holder's Signature: _____

Signature of _____
 Parent or Guardian (If under 18)

Office Use Only

MasterCard	Visa	Discover		Cash	Check	Gift Cert.	Ck #
Credit Card #: Last 4 Digits			Clerk Initials:	TOTAL FEE		\$	

MAX PASS Waiver

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As consideration for being allowed to enter the McCook Athletic and Exposition Center (The MAX) and/or participate in any program, open gym, open bounce or program at The MAX, the undersigned, on his or her behalf, and on the behalf of the Participant identified on this form, acknowledges, appreciates, understands and agrees to the following:

1. I represent that I am the parent or legal guardian of the participant named on this form or I am 18 or older.
2. I acknowledge and understand that there are risks associated with participation in MAX activities and the use of the facility and inflatable equipment including but not limited to: contusions, fractures, scrapes, cuts, bumps, paralysis, or death.
3. I, for myself and the Participant(s) named, willingly assume the risks associated with participation and accept that there are also risks that may arise due to OTHER PARTICIPANTS, which I also willingly assume.
4. I agree that the Participant(s) named and I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditions for participation in any activity at the MAX.
5. I, for myself and the Participant(s) named, our heirs, assigns, representatives, and next of kin agree to hold harmless and indemnify the Village of McCook, MAX Operators, MAX Producers, MAX Beneficiaries, Indoor Sports Management Group, their predecessors, parent, subsidiaries and affiliates, officers, and employees from any and all injuries, liabilities, or damages from participation.
6. I additionally agree to indemnify the Village of McCook, MAX Operators, MAX Producers, MAX Beneficiaries, Indoor Sports Management Group, their predecessors, parent, subsidiaries and affiliates, officers, and employees for any defense cost or expense arising from any and all claims, injuries, liabilities, or damages arising from participation.
7. In exchange for my use of the MAX's facilities, I further consent to a pat down and/or "wand" search of my person and my personal belongings that accompany me onto the MAX's property upon entrance to the MAX or upon reasonable suspicion of illegal contraband while on the MAX's property.
8. I am of physical ability to participate and legally competent to understand and complete this agreement. I hereby execute this agreement without coercion.
9. I understand that The Max Pass is good for six (6) months and that a new waiver will need to be signed and payment for renewal will be due.

Pass Holder Name (please print): _____

Pass Holder Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____