APPLICATION FORM

REVISED 1/2012

TO BE COMPLETED BY EMPLOYER

Date of First Hire: _____
Position: _____

A Facility of the **Collinsville Area Recreation District**

10 Gateway Drive ~ Collinsville, IL 62234 ~ www.SplashCity.com ~ (618) 346-7529

The Collinsville Area Recreation District is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including, race, color, age, sex, religion, handicap or national origin.

BEFORE RETURNING YOUR APPLICATION, PLEASE NOTE:

~ Application must be returned in person by the applicant. You may be interviewed immediately. Applications that are not complete or are missing documents cannot be accepted.

~ Applications will only be accepted at the Collinsville Area Recreation District Administrative Office, located at 10 Gateway Drive in Collinsville, IL.

~ You must bring one item from each of the following groups with you when you apply:

GROUP A
A driver's license or school ID card with photo

GROUP B
An original or certified copy of your birth certificate or Social Security card (not required if you present a passport)

Applicants under age 18 must provide proof of age

(bring a birth certificate or state-issued ID AND make sure your parents sign the bottom of pages 9, 11, 12 and 15)

Name _____

Date of Birth _____ Social Security # _____

Permanent Address _____
Street *City* *State* *Zip code*

Telephone # _____Cell phone #_____ E-mail _____
Emergency Contact _____ Emergency Contact Telephone # _____

Relation _____

Current College Students: Phone number, best time to reach you and last day we can contact you at this number _____

_____

If you've worked at CARD before, in what job and year? _____

How did you hear about this job? _____ Referred by _____

Have you ever been convicted of any law violation (except minor traffic violation)? _____

If yes, explain: _____

(No applicant will be denied employment solely on the grounds of a criminal offense conviction)

If requested, would you submit to a security interview and/or drug testing? ___Yes ____No

For what position(s) are you applying?_____

EDUCATION	NAME/LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	DEGREE(S) RECEIVED
Grammar				
High School				
University/College				
Trade/Business				

GENERAL

Subjects of special study or research work: _____

_____

Job-related skills (typing, driver's license, etc.) _____

_____

Civic or athletic activities (non-religious) _____

EXCLUDE ORGANIZATIONS THAT THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, SEX, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS.

FORMER EMPLOYERS

List employers for the last seven years, starting with the most recent

Years at location	Name/Address	Salary Upon Leaving	Position	Reason for Leaving

REFERENCES

Below, list three persons not related to you, whom you've known at least one year

Name	Address/Telephone #	Position	Years Acquainted

"UNDER ILLINOIS LAW ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT IS REQUIRED TO UNDERGO A BACKGROUND CHECK THROUGH STATE POLICING AUTHORITIES. ANY APPLICANT REFUSING A BACKGROUND CHECK WILL NOT BE APPLICABLE FOR EMPLOYMENT WITH THE COLLINSVILLE AREA RECREATION DISTRICT.

Date _____ Signature _____

AUTHORIZATION

I authorize investigation on all statements contained in this application. I understand that misrepresentation of information requested is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date or payment of my wages and salary, be terminated at any time without cause and without any previous notice.

Date _____ Signature _____

What would you like to do this summer?

Cashiers

Starting salary: $8.25-$9 an hour
Flexible hours (15-40 a week) include evenings and weekends

Minimum qualifications: High school diploma and prior experience. At least 18 years old, be bondable, able to see and hear guests and staff, have computer knowledge and ability, be able to accurately count money and fill out reports. Must have excellent communication skills and be able to think clearly and respond appropriately in an emergency.

Cashiers quickly and efficiently process sales, serve as a resource to guests, answer telephones and disseminate information.

Guest Services

Starting salary: $8.25-$9 an hour. (Guest Services Lead starting salary at $10 per hour)
Flexible hours (15-40 a week) include evenings and weekends.

Minimum qualifications: High school diploma and prior organized and/or administrative experience. Must be at least 18 years old, be bondable, able to see and hear guests and staff, have basic computer knowledge, be able to count money and fill out cash reports. Able to lift 40 pounds to chest height and able to lift and carry up to 20 pounds. Must have excellent communication and organizations skills and be able to think clearly and respond appropriately in an emergency.

Guest Services staff ensure the efficient operation of parties, group reservations and private rentals by serving as host/hostess to guests, organizing programs, processing transactions efficiently, keeping records, answering telephones and disseminating information. Additional duties may include visiting local businesses to promote Splash City.

Quality Assurance Team (Maintenance)

Starting salary: $8.25-$10.50 an hour
Hours will vary as scheduled (20-40 a week)

Minimum qualifications: Must be at least 18 years of age, able to work independently with minimal supervision, capable of lifting 50 pounds to shoulder height, able to bend to the floor and reach/lift overhead.

Quality Assurance employees strive to provide the highest levels of user satisfaction. Each member ensures that all areas of the water park are free of hazards, sanitary, safe and inviting.

Lifeguards

Starting salary: $8.25-$11 an hour.
Flexible hours (20-40 a week) include evenings and weekends.

Minimum qualifications: At least 16 years old. Must be at least 54 inches tall, able to see and hear possible emergencies, be able to lift 40 pounds to chest height, capable of walking or standing on concrete for up to four hours, must have excellent communication skills and be able to think clearly and respond appropriately in an emergency. Lifeguard license, first aid and CPR certification required before season begins. Certification can be gained through Splash City. Employment can not be provided without certification.

Lifeguards oversee the safety of all guests and enhance their enjoyment of the facilities through constant supervision, consistent rule enforcement, friendly service a helpful attitude, and, when necessary, performing rescues.

Head Lifeguards

Starting salary: $8.50-$11 an hour.
Flexible hours (20-40 a week) including evening and weekends.

Minimum qualifications: 18 years or older. At least 54 inches tall, ability to see and hear possible emergencies, be able to lift 40 pounds to chest height, capable of walking or standing on concrete for up to two hours, must have excellent communication skills and be able to think clearly and respond appropriately in an emergency. Lifeguard license, first aid and CPR certification required before opening day.

Members of management ensure efficient operations and excellent customer service through hands-on contact with guests and supervision of staff and park operations. You will interact on a regular basis with CARD staff.

Learn to Swim (LTS) Instructor

Flexible hours, schedule and pay rates

Minimum qualifications: Must be at least 16 years old. At least 54 inches tall, ability to see and hear possible emergencies, be able to lift 40 pounds to chest height, capable of walking or standing on concrete for up to two hours, must have excellent communication skills and be able to think clearly and respond appropriately in an emergency. Must be enthusiastic and great with kids and adults. Classes consist of group and private lessons with children as young as 3 years of age.

Important information about working at Splash City

Employee Appearance Guidelines – *Please read before applying*

We ask that all employees keep their hair clean, neat and trimmed during the course of their employment. All employees are required to shower daily prior to reporting to work and wear deodorant and clean uniforms. Shorts cannot be worn below the waistline.

Radical hair styles are prohibited. Male team members must keep their hair neatly trimmed about the collar. Neatly trimmed facial hair is permitted.

Jewelry must be conservative. Gauges and facial piercings are not permitted. **Cell phones are not permitted to be carried while on duty by non-supervisory Splash City Waterpark staff.**

Providing Great Guest Service is Required

All Splash City Waterpark employees have daily contact with our guests. We require excellent "people skills" and courtesy from all employees. If you do not enjoy smiling, interacting with people or being courteous — this job is not for you.

All-Employee Orientations/Meetings

Prior to employment, selected applicants must attend one or more orientation meetings at which various jobs, responsibilities and benefits will be more specifically addressed. This is your chance to ask questions and make sure that you are a good fit to join our team. Once hired, all employees will be required to attend periodic meetings throughout the summer to review and improve skills and job performance. Lifeguards, on their own time, must maintain the levels of fitness and skill proficiency necessary to maintain certification.

Employee Uniforms

All employees will be required to wear a designated uniform. As with your appearance, uniforms need to be neat and clean at all times. Employees must provide their own footwear including black or white tennis shoes or sport sandals, where permitted. Uniform alterations or footwear deemed inappropriate by management are not permitted. A Splash City Waterpark hat or visor, sunscreen with at least 15 spf, eye protection and safety gloves are also required dependent upon position. Additional uniforms as well as cool weather gear will be available at a minimum cost to all employees. Uniform sets consist of a shirt, swimsuit, lanyard and free sunscreen.

Tell us about your availability this summer:

You must be available from *Memorial Day weekend until Labor Day.* You must be available after school and weekends.

Name _____ Telephone # _____ Cell # _____

Email _____ Hours per week desired: _____

Start Date _____ Last Day Available _____

Vacation Dates _____

Are you currently employed: ____ Yes ____No If YES, where: _____

Please indicate all available times (11 AM to 5 PM, etc.). If you are available for the entire day, please write OPEN to CLOSE.
If you are not available on that day write N/A to N/A

Day of Week	Available From	Available To
Saturday	_____	_____
Sunday	_____	_____
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

Note the following:

Submit requests for time off no less than two weeks in advance of the upcoming schedule. If you are scheduled at a time that you are unable to work and did not request a time off, you are responsible for securing an approved substitute. Work schedules will be determined two weeks at a time. The first schedule will be available one week prior to opening.

DO NOT WRITE BELOW THIS LINE—FOR OFFICE USE ONLY

Interviewed By _____ Date _____

REMARKS _____

_____

_____

INS Form I-9 completed? ❑ Yes ❑ No Rate _____

Hired For _____ Position Reports to _____

REVIEWED BY:

1. Aquatic Supervisor ❑ Yes ❑ No Initial _____ Date _____
2. Supt. of Recreation ❑ Yes ❑ No Initial _____ Date _____
3. Director of Business ❑ Yes ❑ No Initial _____ Date _____
4. Executive Director ❑ Yes ❑ No Initial _____ Date _____

Federal and State W-4 forms

(to determine the amount of tax withheld from your paycheck)

Step 1: Print your name and address in box #1
Step 2: Print your Social Security Number in box #2 (this step is required)
Step 3: Choose your marital status in box #3
Step 4: Choose number of allowances to be withheld and write in box #5. How much tax do you want removed from each paycheck? In simple terms:

0=Zero Allowance The most amount of money allowed is deducted per paycheck, but usually results in a larger tax refund or smaller tax payment (if applicable)

1= One Allowance A lesser amount of tax is deducted per paycheck, but may result in a smaller tax refund or larger tax payment at the end of the year.

Step 5: Sign your name next to "Employee's Signature" and write the date.

This information is presented as a guide only. If you are unsure of how to file, you should consult a tax professional or obtain a W-4 worksheet from us for additional information.

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

▶ **Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.**

OMB No. 1545-0074
2012

1 Your first name and middle initial	Last name	2 **Your social security number**
Home address (number and street or rural route)	3 ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate. **Note.** If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code	4 **If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card.** ▶ ☐	

5 Total number of allowances you are claiming (from line **H** above **or** from the applicable worksheet on page 2) 5
6 Additional amount, if any, you want withheld from each paycheck . . . . . 6 $
7 I claim exemption from withholding for 2012, and I certify that I meet **both** of the following conditions for exemption.
- Last year I had a right to a refund of **all** federal income tax withheld because I had **no** tax liability, **and**
- This year I expect a refund of **all** federal income tax withheld because I expect to have **no** tax liability.

If you meet both conditions, write "Exempt" here . . . . . ▶ 7

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature
(This form is not valid unless you sign it.) ▶ **Date** ▶

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2. Cat. No. 10220Q Form **W-4** (2012)

Illinois Department of Revenue

IL-W-4 Employee's Illinois Withholding Allowance Certificate

___ ___ ___ - ___ ___ - ___ ___ ___ ___
Social Security number

Name

Street address

City State ZIP

Check the box if you are exempt from federal and Illinois Income Tax withholding and sign and date the certificate. ☐

1 Write the total number of basic allowances that you are claiming (Step 1, Line 4, of the worksheet). 1 _____
2 Write the total number of additional allowances that you are claiming (Step 2, Line 9, of the worksheet). 2 _____
3 Write the additional amount you want withheld (deducted) from each pay. 3 _____

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Your signature Date

Employer: Keep this certificate with your records. If you have referred the employee's federal certificate to the IRS and the IRS has notified you to disregard it, you may also be required to disregard this certificate. Even if you are not required to refer the employee's federal certificate to the IRS, you still may be required to refer this certificate to the Illinois Department of Revenue for inspection. See Illinois Income Tax Regulations 86 Ill. Adm. Code 100.7110.

This form is authorized under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

IL-W-4 (R-12/11)

Department of Homeland Security
U.S. Citizenship and Immigration Services

OMB No. 1615-0047; Expires 03/31/07

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address *(Street Name and Number)*		Apt. #	Date of Birth *(month/day/year)*
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☐ A citizen or national of the United States
- ☐ A Lawful Permanent Resident (Alien #) A _____
- ☐ An alien authorized to work until _____

(Alien # or Admission #) _____

Employee's Signature	Date *(month/day/year)*

Preparer and/or Translator Certification. *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name
Address *(Street Name and Number, City, State, Zip Code)*	Date *(month/day/year)*

Section 2. Employer Review and Verification. **To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).**

	List A	OR	List B	AND	List C
Document title:					
Issuing authority:					
Document #:					
Expiration Date *(if any)*:					
Document #:					
Expiration Date *(if any)*:					

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on *(month/day/year)* _____ **and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)**

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name	Address *(Street Name and Number, City, State, Zip Code)*	Date *(month/day/year)*
Collinsville Area Recreation Dist, 10 Gateway Dr, Collinsville, IL 62234		

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name *(if applicable)*	B. Date of rehire *(month/day/year) (if applicable)*

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: _____ Document #: _____ Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date *(month/day/year)*

NOTE: This is the 1991 edition of the Form I-9 that has been rebranded with a current printing date to reflect the recent transition from the INS to DHS and its components.

LISTS OF ACCEPTABLE DOCUMENTS

LIST A

Documents that Establish Both Identity and Employment Eligibility

1. U.S. Passport (unexpired or expired)
2. Certificate of U.S. Citizenship *(Form N-560 or N-561)*
3. Certificate of Naturalization *(Form N-550 or N-570)*
4. Unexpired foreign passport, with *I-551 stamp or* attached *Form I-94* indicating unexpired employment authorization
5. Permanent Resident Card or Alien Registration Receipt Card with photograph *(Form I-151 or I-551)*
6. Unexpired Temporary Resident Card *(Form I-688)*
7. Unexpired Employment Authorization Card *(Form I-688A)*
8. Unexpired Reentry Permit *(Form I-327)*
9. Unexpired Refugee Travel Document *(Form I-571)*
10. Unexpired Employment Authorization Document issued by DHS that contains a photograph *(Form I-688B)*

OR

LIST B

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address
2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependent's ID card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority

For persons under age 18 who are unable to present a document listed above:

10. School record or report card
11. Clinic, doctor or hospital record
12. Day-care or nursery school record

AND

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration *(other than a card stating it is not valid for employment)*
2. Certification of Birth Abroad issued by the Department of State *(Form FS-545 or Form DS-1350)*
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American tribal document
5. U.S. Citizen ID Card *(Form I-197)*
6. ID Card for use of Resident Citizen in the United States *(Form I-179)*
7. Unexpired employment authorization document issued by DHS *(other than those listed under List A)*

Leave space blank for attachment of required documentation

Agreements, Release, and Medical Authorization

Person to contact in case of emergency: _____

Relationship to employee: _____

Home Phone Number: _____Work Number: _____Cell Number: _____

Please read the following items carefully and sign at the bottom. Applications without signatures will not be accepted.

I hereby authorize the Collinsville Area Recreation District (CARD) to seek medical treatment for injuries or illness sustained by employee during the course of his/her employment at CARD. CARD will make a conscientious effort to notify parents or guardians should treatment become necessary for the dependent child.

I certify that all statements given on this application are correct and realize that falsification or misrepresentation of any information may result in employee's immediate discharge.

I agree in the event of employment, CARD, or any person it may authorize, shall be entitled, without further consent, to copyright, sell or use in any manner, a photograph videotape of me or recording of my voice.

I understand that if hired by CARD, my employment is seasonal. I further understand that I am an "at will" employee. I am not guaranteed employment during the entire operating season and hours for which I am scheduled to work may be reduced or eliminated, without prior notice or compensation, based on the sole discretion of the Collinsville Area Recreation District.

I do hereby release and hold harmless, Collinsville Area Recreation District, its employees, officers, commissioners, subsidiaries, volunteers from any and all claims whatsoever, including but not limited to personal injury, arising out of or relating to any non-work hour and/or non-work related recreational activity provided to employee by or on behalf of said Collinsville Area Recreation District.

I authorize the Collinsville Area Recreation District to do a **Criminal Background Investigation** on me. I understand that if this report shows any criminal history it may be cause for dismissal or withdrawal of any offer of employment. Further, I understand and agree that my employment is for no definite period and may, regardless of the date or payment of my wages and salary, be terminated at any time without cause and without any previous notice.

_____ _____ _____
Employee signature Current age Date

_____
Print employee name (first, middle, last)

_____ _____
Signature of parent/guardian (required if under 18) Date

_____
Print name of parent/guardian

CONVICTION INFORMATION NAME CHECK REQUEST

(Please see the reverse side for Instructions on completing this form

(All fields marked in BOLD are mandatory)

Transaction Control Number

FRM1130L30129738

Document Control Number: L30129738

Submitting Agency ORI - NCIC (if applicable): IL

Cost Center (Office Use Only):

Subject's Last Name:

First Name:

Middle Name:

Date of Birth:

Sex:

Race:

The code values used in the Illinois State Police name search must include valid national crime information center code values for certain fields. These fields include sex codes and race codes. The standard code values for sex codes include "M" for Male, "F" for Female, or "U" for Unknown. The standard code values for race codes include "W" for White (includes Mexicans and Latins), "B" for Black, "A" for Asian/Pacific Islander, "I" for Indian/Alaskan Native, or "U" for unknown. If your submission contains values other than the standard code values, the search results could be adversely affected.

Social Security Number:

Drivers License Number:

DL State:

Requestor's Name: Mark E. Badasch, Executive Director

Agency/Company Name: Collinsville Area Recreation District

Return Address

Street Address: 10 Gateway Drive

City: Collinsville

State: IL

Zip: 62234

Foreign State/Country:

Foreign Postal Code:

Licensing or Employment Purpose: [X] (Yes) [ ] (No)

Subject's Maiden Last Name:

First Name:

Middle Name:

Fee Amount:

Date ____/____/____

Disclosure of Risk and Release of Liability Form

WaveLoch "FlowRider" Disclosure Statement & Application To Ride		
Last Name	First Name	Middle Initial
Street Address	Group Name (if none leave blank)	
City	State	Zip Code
Email Address	Birthday (See below if under 18*)	
Driver's License/Identification Card Number	State	Expiration Date
Emergency Contact Name	Emergency Phone Number	

The Wave Loch FlowRider is a very aggressive white water attraction. You may unavoidably achieve body positions that result in personal injury during your participation in WAVE LOCH® operations. The tricks, stunts or body positions that you may attempt (or inadvertently achieve) will be based upon your real or perceived physical abilities and skill level. There is a risk of self inflicted injury or injury caused by others that can result from such tricks, stunts or body positions which exceed your skill level (and which may occur irrespective of your skill level). For instance, you may sustain injury as a result of striking surrounding ride elements, e.g., ride bottom, entry slide, ride vehicles, containment walls, entering/exiting riders, ride attendants, or other ride components. In addition, since the attraction and its ride vehicles (flowboards/bodyboards) may contain fiberglass, plastic, wood, metal or other hard and potentially dangerous materials, contact with them may also cause injury. Such ride vehicles may also have foot straps or board-to-body attachments that may cause injury. Furthermore, riding may result in the flow of water picking you up and pitching you head-over-heels onto a fiberglass sub-surface that is covered by one inch of foam or ½ inch of vinyl tube matting. After this initial dump you may subsequently collide into a padded retaining wall that lies directly in the path of water flow. This is risky. And although many before you have ridden unscathed, severe injury is possible.

BY SIGNING BELOW YOU ARE ACKNOWLEDGING THAT YOU HAVE READ AND UNDERSTOOD THAT THE FOREGOING RISKS ARE AMONG THE RISKS YOU WILL BE EXPOSED TO WHEN RIDING THE FLOWRIDER.

Release of Liability

I, the undersigned, hereby voluntarily release, discharge, waive and relinquish any and all claims or causes of action for personal injury, property damage, or wrongful death which may arise out of or in connection with my participation in the simulated surfing attraction known as the FlowRider® located at the SPLASH CITY FAMILY WATERPARK no matter how such injuries or damages may occur.

I UNDERSTAND AND ACKNOWLEDGE THAT FLOWBOARD RIDING ACTIVITIES HAVE INHERENT DANGERS THAT NO AMOUNT OF CARE, CAUTION, INSTRUCTION, OR EXPERTISE CAN ELIMINATE AND I EXPRESSLY AND VOLUNTARILY ASSUME ALL RISK OF PERSONAL INJURY OR DEATH, WHETHER FORSEEABLE OR NOT, SUSTAINED IN CONNECTION WITH PARTICIPATING IN WAVE LOCH®.

Accordingly, under no circumstances will I nor any of my heirs, distributees, guardians, legal representatives and assigns present or bring any claim for personal injury, property damage, or wrongful death against: WAVE LOCH, INC.; WAVE HOUSE of SAN DIEGO, LLC; THOMAS J. LOCHTEFELD; AQUATIC DEVELOPMENT GROUP, INC. KLAHARI DEVELOPMENT, LLC; COLLINSVILLE AREA RECREATION DISTRICT and any of their subsidiary companies (hereinafter "RELEASEES") or any officer, director, member, agent, servant or employee of RELEASEES based upon RELEASEES negligent acts or omissions.

I, individually, and/or on behalf of the minor participant listed below, also hereby agree to a blanket event release of all rights related to my audio and photographic image that may arise out of my participation in activities on or around the WAVE LOCH® water attraction. I understand that this event release includes any and all marketing, promotion or advertising specific to any event that may occur anywhere and anytime on any media as later used by RELEASEES or any of their representatives or assigns.

This RELEASE shall be construed and enforced in accordance with the laws of the State of California. Any action at law, suit in equity, or other jurisdictional proceeding arising in connection with this Agreement or my participation on the FlowRider®, shall be instituted only in the courts of San Diego County, California.

I AM AWARE THAT THIS RELEASE IS LEGALLY BINDING AND THAT I AM RELEASING MY LEGAL RIGHTS BY SIGNING BELOW.

Date: _____ Participant Signature _____

Date: _____ Legal Guardian Signature _____

(Only if Participant is under 18 Years Old)

Splash City Family Waterpark

10 Gateway Drive
Collinsville, IL 62234
(618) 346-4571

Splash City Waterpark Employment Information Form

The Splash City Employment Information Form is for clarification reasons only. This form does not imply or guarantee employment for a stated position(s) or period of time. All persons becoming employees are subject to disciplinary policies described in the District personnel policy manual.

Please complete the following:

Name: _____

Permanent Address: _____

Home Telephone # and Cell Phone: _____

Temporary address (college): _____

Temporary Phone #: _____

Position: _____

Rate of Pay: _____

Employment Term: Start Date:_____ End Date: _____ Conflicts: _____

Swimsuit Size (guard only, circle one): Women: XS (3-4) S (5-6) M (7-8) L (9-10) XL (11-12) XXL (13-14)
Men: S (28-31) M (32-34) L (35-36) XL (37-38) XXL (39-40)

Shirt Size:: M L XL XXL
Swim Lesson Instructor: ___Yes ___No

As the above named individual I understand and agree to the following: (Please Initial)

____ I agree to abide by the rules, regulations and policies of the Collinsville Area Recreation District.
____ I agree to fulfill all duties and responsibilities of my assigned position and to follow instructions and directions of my superiors.
____ I understand that work schedules will be determined two weeks at a time.
____ I will participate in all preseason training and orientations, and maintain all necessary documentation specified in training or otherwise directed.
____ I will participate in supervisory conferences and attend all in-service training.
____ I will maintain an attitude of helpfulness to guests and fellow employees at all times.
____ I will request no more than two days off at a time, not less than two weeks in advance of the upcoming schedule.
____ I am responsible for securing an approved substitute if unable to work assigned time.
____ I understand that tardiness is unacceptable and considered grounds for dismissal.
____ I will maintain a professional image, clean personal appearance and wear assigned uniform/equipment.

_____ _____
Signature of person named in agreement Date

_____ _____
Signature of parent/guardian (required if under 18) Date

_____ _____
Signature of facility manager Date

COLLINSVILLE AREA RECREATION DISTRICT
SUBSTANCE ABUSE POLICY
Effective Date: 1/2009

Purpose

It is the intent of the Collinsville Area Recreation District (CARD) to provide a safe workplace, free from the dangers of alcohol, illegal drugs, and other controlled substances. To that effort, the Substance Abuse Policy has been adopted for all CARD employees.

Company rules

1. The possession, sale, manufacture, distribution, purchase or use of alcohol, illegal drugs and other controlled substances is prohibited while on CARD property, including parking areas, or while conducting company business away from CARD property.
2. The distribution, sale, purchase, use or possession of equipment, products and material which are used, intended for use or designed for use with illegal drugs or other controlled substances is prohibited while on CARD property, including parking areas, or while conducting company business away from CARD property.
3. Reporting to or being at work with a measurable amount of alcohol, illegal drugs or other controlled substances in the blood or urine are prohibited.
4. Reporting to or being at work with a measurable quantity of prescribed controlled substances in the blood and/or urine, or use of prescribed controlled substances is also prohibited where in the opinion of the company such use presents the employee from performing the duties of his or her job or poses a risk to the safety of the employee, other persons, or property.
5. An employee of the company who is convicted under a criminal drug statute shall notify the Substance Abuse Policy Coordinator no later than five (5) business days after such conviction. Failure to do so may result in termination.
6. It is a condition of employment of all employees to submit to blood, urine, and other tests to determine the presence of alcohol, illegal drugs and other controlled substances under the circumstances and for the reasons stated under the heading titled, "Testing of Applicants and Employees" including random testing.

<u>Employees testing positive for drugs or alcohol will be automatically discharged.</u>

Violations of these rules, including refusal to consent to, or failure to cooperate in the testing described, and as directed by the company, or attempting to alter, conceal or compromise test results will result in the employee being discharged, without advance notice or other warning.

Testing of applicants and employees

1. All applicants must submit to and pass alcohol and drug tests as specified by CARD before being employed. Applicants who refuse to take such tests, refuse or fail to cooperate in their administration, attempt to alter, conceal or compromise test results or who test positive will not be given further consideration for employment.
2. All current employees and any employee hired after the effective date of this policy, as a condition of their employment, are required to consent in writing, on the company consent form, to testing for alcohol, illegal drugs, or other controlled substances under the following circumstances:
    - All employees who suffer on-the-job incidents and required medical attention greater than first aid, or who cause an accident involving damage to company property or parking areas, or who are a direct contributing factor in the cause of an accident may be tested following the incident or as soon thereafter as is practical under the circumstances.
    - Testing will be conducted when there is reasonable cause to believe that an employee is using or is under the influence of alcohol, illegal drugs, or other controlled substances. Such circumstances include but are no limited to:
        1. Observed or suspected use
        2. Abnormal or erratic behavior or changes in the employee's work behavior or attendance
        3. Where the company receives information, which leads it to believe an employee is under the influence to or in any other way involved with alcohol, drugs or other controlled substances on company premises, on company time, or in a company vehicle
        4. Employees will be tested upon returning to work from an absence of 30 calendar days or more due to layoff, military leave, injury or illness
        5. All employees will be subject to unannounced random testing

Random Testing

The random selection process will ensure that every employee will have an equal opportunity for random testing each time the selection process is conducted. All employees will remain in the random selection pool at all times, whether or not they have been previously selected for random testing.

If the results are positive, the applicant or employee may request a second test of the same specimen or sample at his/her own ex-

pense within 24 hours of being notified of the first test results. If the results of the second test are negative, the applicant or employee will be reimbursed by the company for the test expense.

1. The company approved consent form must be signed at the time testing is conducted before the production of the urine specimen, hair/nail specimen, or drawing of blood.

Education

All employees will be required, on a periodic basis, to attend an alcohol and drug awareness program including the following:

1. Information about the damage caused by drugs and alcohol in the workplace
2. A review of the CARD Substance Abuse Policy

Rehabilitation Program

1. Employees who use or abuse alcohol, illegal drugs or other controlled substances are encouraged to seek assistance on a voluntary basis.
2. Applicable leaves of absence and insurance policies may/will be utilized with respect to the rehabilitation program

Consequences

The following discipline will be imposed for violations of this policy:

1. Refusal or failure to cooperate, refusal to consent to under the section titled "Testing of Applicants and Employees" (refusal to take such tests, refuse or fail to cooperate in their administration, attempt to alter, conceal or compromise tests).
    - Applicant: No further consideration for job under any circumstances including later reconsideration by applicant to cooperate.
    - Employee: Termination
2. Positive test results: Drug and/or alcohol
    - Applicant: No further consideration for job under any circumstances
    - Employees: Drug and/or alcohol tests: An employee tested under this policy whose drug or alcohol drug test is positive, shall, on the first occurrence be immediately discharged.

Testing Guidelines

All substance abuse testing under this Drug and Alcohol Policy shall be carried out under the following conditions:

Drugs or Drug metabolite to be tested and related confirmatory current federal positive confirmatory threshold limits:

Drug or Drug Metabolite	Screen	Confirm
Amphetamines	1000 ng/ml	500 ng/ml
Barbiturates	300 ng/ml	300 ng/ml
Benzodiazepines	300 ng/ml	300 ng/ml
Opiate Metabolites	2000 ng/ml	2000 ng/ml
Methadone	300 ng/ml	300 ng/ml
Phencyclidine	25 ng/ml	25 ng/ml
Propoxyphene	300 ng/ml	300 ng/ml
Marijuana Metabolites	50 ng/ml	15 ng/ml
Cocaine Metabolites	300 ng/ml	150 ng/ml
Alcohol	0.04 percent	0.04 percent

Employees with a blood alcohol concentration of 0.04 percent or greater are a positive alcohol test.

The employee will be required to breathe into an evidentiary breath-testing ("EBT") device (also known as a breathalyzer), which will immediately register the alcohol concentration and print the results. A confirmatory breath test will be required before the test is considered "positive" (i.e. 0.04% or greater). If the screening breath test shows an alcohol concentration of 0.02 percent or greater, the employee must wait 15-20 minutes before giving another breath sample for a confirming test. The testing will be done by a certified breath alcohol technician with appropriate certification on file. In certain instances, a blood alcohol test may be used.

Drug testing shall be by urine samples with split specimen collection for "post incident", for cause", random, and return to work screens. Pre-employment drug screening may be done by urine samples with split specimen collection or through hair sampling. The decision on what form of pre-employment testing to be used is at the sole discretion of the company. Screening of specimens is by the EMIT immunoassay test. The established cut-off levels are used to determine if a specimen contains drug metabolites. If the amount of the metabolite is below the cutoff, the specimen is reported as negative. Specimens that are positive in the initial screening will be tested on gas chromatography/mass spectrometry (GC/MS) or other methods that may be subsequently recognized by the U.S. Department of Health and Human Services as the state-of-the-art validity and accuracy of testing results. The company will use a National Institute on Drug Abuse certified laboratory to evaluate any specimens.

All employees who are required to undergo testing under this policy will be required to sign a consent form (Chain of Custody form) authorizing the taking of the specimen and a release of the results to the company. A chain of custody form will be used for maintaining control and accountability on all specimen collections. A chain of custody is a record of the custody of a specimen from the initial collection. All specimens will be protected from contaminations. The absolute minimum number of individuals will have custody of the specimen. It will be protected from tampering by other individuals or contamination of other substances.

Employees on vacation or not scheduled to work will not be part of the random testing process.

An employee who fails to report for a drug test without valid reason, or refuses to provide the necessary specimen will be deemed to have tested "positive."

If an employee fails to complete the drug or alcohol testing within three hours of being referred for testing, the colleague will be deemed to have tested "positive" unless they provide the company's Medical Review Officer with documentation of an acceptable medical explanation for their failure to complete testing.

The collection site must be secure to prevent unauthorized access during the collection process.

The collection must be kept in sight of the donor and collection site person until sealed for shipment.

The collector must measure the temperature of the specimen within four minutes after collection and inspect the specimen for color and unusual signs of contamination.

Collector and donor must complete the process together, including:

- Sealing and labeling of specimen bottle
- Donor initialing bottle label or seal
- Signing and dating of custody control form

Policy administration

The Director of Management Services is designated as the Substance Abuse Policy Coordinator, and is responsible for administration of this policy.

I HAVE RECEIVED A COPY OF THE SUBSTANCE ABUSE POLICY EFFECTIVE JANUARY 2009

_____ _____

Print employee name Date

_____

Employee signature

_____ _____

Signature of parent/guardian (required if under 18) Date