



Bolivar Aqua Zone

1710 W. Broadway Bolivar, Mo. 65613 417-777-1215 scheney@bolivar.mo.us

Pool Passes

Family passes are for up to eight people. All dependents **must** live in the same household. Proof of residency may be needed. You can add additional dependents for \$15 per person.

| | | | |
|----------|--------|------|------------------|
| Name: | | | Birthdate: |
| Address: | | | Phone: |
| City: | State: | Zip: | Secondary Phone: |

Dependents (if applicable)

| | |
|-------|------------|
| Name: | Birthdate: |
| Name: | Birthdate: |
| Name: | Birthdate: |
| Name: | Birthdate: |
| Name: | Birthdate: |
| Name: | Birthdate: |
| Name: | Birthdate: |
| Name: | Birthdate: |

Please read carefully:

In consideration for the City of Bolivar agreeing to allow me to use the facilities and services of the Bolivar Aqua Zone, I agree to the following:

I am fully aware of the risks inherent in the physical activities and programs at the facility, and I agree to only engage in and permit my family members and guest to only engage in activities and programs at the swimming pool which are appropriate for me and my family/guest. I will indemnify, defend, and hold harmless the City of Bolivar and its agents, officers, and employees for any claims against them as a result of any use of City facilities and programs by me and my family. This Agreement and Application contain the entire agreement between me and the City of Bolivar and is contractual and not a mere recital. The City reserves the right to make any modifications, amendments, or waivers upon written notice.

| | |
|------------|-------|
| Signature: | Date: |
|------------|-------|

Please choose from one of the options below.

| | | | |
|-----------------------------|------------------------|--------------------------------|----------------------------|
| Family Full Season \$100 | Family Monthly \$45 | Individual Full Season \$63 | Individual Monthly \$35 |
|-----------------------------|------------------------|--------------------------------|----------------------------|

Do not write below this line. For office use only.

| | | | |
|--------------|---------------|-----------------|----------|
| Expires: | Expires: | Expires: | Expires: |
| Amount Paid: | Payment Type: | Staff Initials: | Date: |

