

Aqua Zone Pool Pass

Participant's Information:

Name _____ Birthdate ____/____/____

Address _____ City _____ State _____ Zipcode _____

Phone _____ Email Address _____

Please choose below:

\$75 Individual Pool Pass (May – September) (Does not include morning pool events.)

\$125 Family Pool Pass (May – September) (Does not include morning pool events.)

Zip line bands can be added for \$10/person.

Dependents:

Name: _____ Birthdate ____/____/____ Zip line Y or N

Name: _____ Birthdate ____/____/____ Zip line Y or N

Name: _____ Birthdate ____/____/____ Zip line Y or N

Name: _____ Birthdate ____/____/____ Zip line Y or N

Name: _____ Birthdate ____/____/____ Zip line Y or N

Name: _____ Birthdate ____/____/____ Zip line Y or N

Name: _____ Birthdate ____/____/____ Zip line Y or N

Please read carefully:

In consideration of permission granted by City of Bolivar allowing me to participate in reserved activities, including the use of equipment, and property belonging to City of Bolivar on the reserved date, I represent, covenant, and agree on behalf of myself and my heirs, assigns, and any other person claiming by, under, or through me, as follows:

1. I acknowledge that participating in the Activity involves certain risks (some of which I might not fully appreciate) and that injuries, death, property damage or other harm could occur to me or others. I accept and voluntarily incur all risks any injuries, damages, or harm which arise during or result from my participation in the Activity, regardless of whether or not caused in whole or in part by the negligence or other fault of the City of Bolivar, its officers, agents, volunteers, or employees ("Released Parties").

2. I waive all claims against the Released Parties for any injuries, damages, losses, or claims whether known or unknown, which arise during or as a result of my participation in the Activity, regardless of whether caused or not caused in whole or in part by the negligence or other fault of any of the Released Parties. I release and forever discharge the Released Parties from all such claims.

3. I agree to indemnify and hold harmless the Released Parties from all losses, liabilities, damages, costs, or expenses (including but not limited to attorneys' fees and other litigation costs and expenses) incurred by any of the Released Parties as a result of my participation in the Activity, regardless of whether or not caused in whole or in part by the negligence or other fault of any of the Released Parties.

4. I have carefully read and reviewed this Wavier, Release, and Hold Harmless Agreement. I understand it fully and execute it voluntarily.

Printed Name: _____

Signature: _____ Date: _____

Office Use Only:

Amount Paid: _____ Payment Method: _____ Receipt#: _____ Staff Initials: _____