

POOL PASS MEMBERSHIP FORM

Hinsdale Park and Recreation Dept.
19 East Chicago Avenue
Hinsdale, IL 60521

Hinsdale Community Swimming Pool
Telephone: (630) 789-7090
Fax: (630) 789-7016

FAMILY LAST NAME _____ DATE _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

WORK PHONE _____ EMERGENCY PHONE _____

EMAIL ADDRESS _____

Did you have a pool membership in previous years? Yes ____ No ____

DIRECTIONS:

1. Complete and **clearly print** all information
2. List all family members (those listed as dependents on income tax returns)
3. When purchasing a "Super Pass", check the "Super Pass" box next to each member name
4. Make check payable to Village of Hinsdale
5. Do you need any accommodation with the Americans with Disabilities Act?
If yes, please attach an explanation of the needed accommodation
6. Read and sign the Waiver on the back of this page
7. **Completion of this form confirms that the above information is true and the persons reside at the address listed. A copy of a utility bill or tax form is required as proof of residence.**

FIRST & LAST NAME	BIRTH DATE	FEE	SUPER PASS (Additional fee)
TOTAL FEES			

CREDIT CARD INFORMATION (Visa, MasterCard, American Express or Discover – please circle one)

Card Number _____ Exp Date _____

Cardholder Signature _____ Security Code _____

You must sign the waiver on the back of this page before your membership is valid.

VILLAGE OF HINSDALE

WAIVER AND RELEASE OF ALL CLAIMS FOR PARK AND RECREATION PROGRAMS

I have read this form carefully, and am aware that by agreeing to this form and registering and participating in, or registering my minor child/ward for and allowing his or her participation in the Program: (hereinafter referred to as the "Program")

I am WAIVING and RELEASING all claims for myself and my minor child/ward arising out of such registration and participation. In consideration of the Village of Hinsdale (the "Village") accepting me and/or my minor child/ward as a participant in the Program, I hereby agree as follows:

ACKNOWLEDGEMENT AND ASSUMPTION OF RISK OF INJURY AND LOSS: I have fully informed myself of all of the details of the Program and have received satisfactory answers to all questions I have concerning the Program and the risks inherent in the Program and believe and represent that I and/or my minor child/ward have the necessary abilities, skills, and knowledge to participate in the Program. I recognize and acknowledge that the Program involves risks of bodily injury, death and property loss. I hereby agree to, and do, assume the full risk of any injuries, including death, and of any property loss, and of all expenses, costs, damages and losses that I, or my minor child/ward on whose behalf I am signing may sustain as a result of participating in any and all activities connected with or associated with the Program.

WAIVER OF AND RELEASE OF CLAIMS: I hereby agree to, and do, waive release and relinquish all claims, demands, rights of action, damages, liabilities and controversies of every kind, known and unknown, present and future, that I, or my minor child/ward on whose behalf I am signing may have against the Village and its officers, agents, servants, employees, insurers, related or affiliated individuals or entities, successors and assign arising out of, connected with, or in any way related to the Program or my minor child/ward's participation therein.

INDEMNITY AND DEFENSE: I hereby further agree to indemnify and hold harmless and defend the Village and its officers, agents, servants, employees, insurers, related of affiliated individuals or entities, successors and assigns from any and all claims, lawsuits, demands, damages, liabilities, losses and expenses, including attorney's fees and administrative expenses, of every kind, known and unknown, present and future, arising out of, connected with, or in any way related to my or my minor child/ward's participation in the Program.

EMERGENCY CARE: In the event of an emergency, I authorize the Village to secure, from any licensed hospital, physician and/or other medical personnel, any treatment deemed reasonable and necessary for myself and/or my minor child/ward's immediate care and agree that I will be responsible for payment for any and all such treatment rendered.

I have read and fully understand the above WAIVER & RELEASE OF ALL CLAIMS and execute it of my own free will and without any reservation whatsoever.

Signature of Participant or Guardian _____

Date Signed _____