

Hinsdale Park and Recreation Dept.  
 19 East Chicago Avenue  
 Hinsdale, IL 60521-3489  
 Telephone: (630) 789-7090  
 Fax: (630) 789-7016

# POOL PASS MEMBERSHIP FORM

**HINSDALE COMMUNITY SWIMMING POOL**

**FAMILY LAST NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
**HOME PHONE** \_\_\_\_\_ **EMERGENCY PHONE** \_\_\_\_\_  
**EMAIL ADDRESS:** \_\_\_\_\_

**DIRECTIONS:** DID YOU HAVE A POOL MEMBERSHIP LAST YEAR? Yes \_\_\_ No \_\_\_

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 name of each member requesting a "Super Pass".
4. Make check payable to the VILLAGE OF HINSDALE.
5. Read and sign the Waiver below.

Do you need any accommodation, in accordance with the American With Disabilities Act?

If yes, please check here and attach an explanation of the needed accommodation.

**VERIFICATION OF RESIDENCE - Completion of this form and payment 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 residency.**

FIRST/LAST NAME	DATE OF BIRTH	FEE (From Page 8)	SUPER PASS (ADDITIONAL FEE)
1			
2			
3			
4			
5			
6			
7			
<b>CREDIT CARD INFORMATION</b>	<b>TOTAL FEES</b>		

(Visa, Mastercard, American Express) **PLEASE CIRCLE ONE**

**Signature** \_\_\_\_\_

**Card No.** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

**WAIVER AND RELEASE OF ALL CLAIMS:** I have read this form carefully, and am aware that by signing this form and registering and participating in, or registering my minor child/ward for and allowing his or her participation in the Programs listed above on this form: (hereinafter referred 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: **ACKNOWLEDGMENT 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 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 or 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 \_\_\_\_\_

Print Name of Person Signing \_\_\_\_\_ If Guardian, state relationship to Participant: \_\_\_\_\_