

POOL PASS MEMBERSHIP FORM - Village of Hinsdale Parks and Recreation

FAMILY LAST NAME _____ DATE _____

ADDRESS _____ CITY _____ ZIP _____

PRIMARY PHONE _____ WORK PHONE _____

CELL PHONE _____ EMERGENCY PHONE _____

EMAIL ADDRESS _____

DID YOU HAVE A POOL MEMBERSHIP IN PREVIOUS YEARS? Yes ___ No ___

DO YOU NEED ANY ACCOMMODATION WITH THE AMERICANS WITH DISABILITIES ACT? Yes ___ No ___

You must initial this box to show that you have read and understand the pool hours.

VERIFICATION OF RESIDENCE

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	DATE OF BIRTH	FEE

TOTAL FEES \$

PAYMENT INFORMATION - check one: Cash Check Visa MasterCard American Express Discover

Card No. _____ CSV # _____ Exp. Date _____

Cardholder's Signature _____

I give permission to charge the listed total to my credit card.

I have read this form carefully, and am aware that by agreeing to this form and registering my minor child/ward for and allowing his or her participation at the Hinsdale Community Swimming Pool (hereinafter referred to as the "Pool"), I am WAIVING and RELEASING all claims for myself and my minor child/ward arising out of such participation. In consideration of the Village of Hinsdale (the "Village") accepting me and/or my minor child/ward as a participant at the Pool, 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 Pool and have received satisfactory answers to all questions I have concerning the Pool and the risks inherent at the Pool and believe and represent that I and/or my minor child/ward have the necessary abilities, skills, and knowledge to participate at the Pool. I recognize and acknowledge that the Pool involves risks of bodily injury or death. I hereby agree to, and do, assume the full fish of any injuries, including death, 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 at the Pool.

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, employees, insurers, related or affiliated individuals or entities, successors and assign arising out of, connected with, or in any way related to the Pool 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, employees, insurers, related or affiliated individuals or entities, successors and assigns from any 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 me or my minor child/ward's participation at the Pool. **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 _____