

**WAGNER MEMORIAL POOL**  
**2021 POOL PASS FORM**  
**Purchase Passes at the Pool**

**Check One**

Type of Pass:      Adult                     \$ 124.78  
                          Child                      \$ 75.95  
                          Family                     \$ 200.73  
                          Seniors (\*65 and over)     \$ 99.82 (includes discount)  
  **(Prices include tax)**

**Check One if Applicable**

**Additional Cost**

Special Sessions:    Lap Swim                   \$ 21.70 – \*Seniors - \$17.36  
                          Water Aerobics           \$ 21.70 – \*Seniors - \$17.36  
  **(Prices include tax)**

Name of Participant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

**WAIVER/RELEASE OF LIABILITY**

*Please read carefully before signing. This is a release of liability and waiver of certain legal rights.*

I, \_\_\_\_\_, the participant holder and/or the parent/guardian of the participant agree and understand that swimming is a HAZARDOUS activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to, paralyzing injuries and death.

The participant hereby agrees to indemnify and hold harmless Wagner Memorial Pool, its officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant also agrees to indemnify Wagner Memorial Pool for any damages incurred arising from any claims, demand, action or cause of action by the participant.

The participant authorizes any representative of Wagner Memorial Pool to have the participant treated in any medical emergency during their participation in swimming. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for participant.

**The participant and/or the parent/guardian hereby understands they may be subject to covid 19 health screening prior to entering the facility.**

**I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.**

\_\_\_\_\_  
Signature (Participant or Parent/Guardian)

\_\_\_\_\_  
Date

**Pool Office Use Only**

Amount Paid \_\_\_\_\_

Receipt # \_\_\_\_\_

Check # \_\_\_\_\_ or Cash \_\_\_\_\_

Taken By: \_\_\_\_\_