

SRD POOL PASS REGISTRATION FORM, AGREEMENT, WAIVER, AND RELEASE

Strawberry Recreation District / 118 East Strawberry Dr./ Mill Valley, CA 94941-2594

Tel # (415) 383-6494 / FAX # (415) 383-6635 Web: strawberry.marin.org / email: admin@strawberryrec.org

Resident

Non-Resident

STRAWBERRY POOL SWIM SEASON

Spring/Summer/Fall ____ (2/22/10 through 10/24/10)

____ (____) _____ (____) _____ (____) _____
Family Name – Last Name Home Phone Business Phone Cell Phone

Mailing / Residence Address City Zip email

Name of person to Notify in an Emergency Phone Physician to notify Phone

<u>Names of Persons on Pass</u>	<u>Age</u> (if child)	<u>Signature required</u> if 8 yrs or older	<u>Medical Alert</u>
1. _____ (Adult)	_____	_____	_____
2. _____ (Adult)	_____	_____	_____
3. _____ (Child)	_____	_____	_____
4. _____ (Child)	_____	_____	_____
5. _____ (Child)	_____	_____	_____
6. _____ (Child)	_____	_____	_____

For the protection of your children: In the event of an accident requiring the services of a physician, and we are unable to contact you immediately, may we have your permission to secure medical attention for your child(ren)? Yes No

POOL APPLICATIONS MUST BE COMPLETED AND APPROVED BY AQUATICS DEPARTMENT BEFORE VALID USE.
◆◆◆ POOL PASSES / MEMBERSHIPS ARE NON-TRANSFERABLE AND NON-REFUNDABLE ◆◆◆

READ BEFORE SIGNING: Agreement, Waiver and Release

The undersigned, as parent, guardian, participant, is familiar with the activity for which this registration application is submitted to the Strawberry Recreation District and in consideration of being permitted to enroll ____, or to enroll his/her child ____, or ward ____, in the above-described activity and is a condition precedent to such enrollment, agree with the Strawberry Recreation District as follows:

I hereby waive, release and discharge on behalf of myself, my child, or my ward, any and all claims, demands, causes, causes of action for damages, personal injury, death, or damages or loss of property which may be suffered by myself, my child, or my ward which I may have or which may hereafter accrue to me or my child and/or my ward as a result of participation of myself, my child and/or my ward in the above described activity.

This Agreement, Waiver and Release shall inure to the benefit of Strawberry Recreation District, its employees, agents, officers and directors, its lawful successor, if any, and the residents and taxpayers of said district. The release herein contained is intended to and shall discharge in advance the Strawberry Recreation District and its officers, employees, agents, directors, taxpayers and residents from any and all liability to myself, my child, my ward, and any and all third persons arising out of or in any way connected with the participation of the above named participant in the above described activity, whether or not any liability may arise out of negligence, carelessness, or omission on the part of the persons or entities described herein above. It is agreed that the above-described activity may involve elements of risk as well as danger and being fully apprised thereof, I hereby expressly assume the risk for myself, my child, and/or my ward. I further agree with the Strawberry Recreation District that this Agreement, Waiver, Release and Assumption of all risks in connection with the above activity shall be binding on my heirs, successors, and assigns.

PASS-HOLDERS:	Strawberry Resident	Non-Resident
Single or Family	\$ _____	\$ _____
Plus other persons in household (not on Senior Pass)		
Winter		
# _____ X	\$ 25.00 = \$ _____	
Spring/Summer Fall		
# _____ X	\$ 40.00 = \$ _____	
Single Senior(65+)	\$ _____	\$ _____

OFFICE USE ONLY \$ _____ Total Paid		
Date	Payment Type / #	SRD Staff Initials

I further agree to hold the Strawberry Recreation District, its officers, employees, agents and directors harmless and indemnified from any loss, liability, damage, cost, or expense which they may incur as a result of any injury or death to person or damage to property which may be sustained by the participant while participating in said activity.

If the participant is under the age of eighteen (18) years, I further represent:

I have the authority to execute this document on behalf of the participant; said participant is physically able to participate in said activity and all terms of this Agreement, Waiver, and Release herein above set forth shall apply in the event of death or injury or property damage which said participant may sustain while participating in the above activity.

Photos: Strawberry Recreation District reserves the right to photograph facilities, activities, and program participants for potential future use. All photos will remain the property of Strawberry Recreation District and may be used for publicity or promotional purposes only.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE, AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND FOR ANY FUTURE LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE STRAWBERRY RECREATION DISTRICT AND I EXECUTE SAME OF MY OWN FREE WILL.

 Signature of Participant Parent Guardian

 (Print Name)
 Date: _____

