

Omro Family Aquatic Center
2018 SINGLE Season Pass

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| Staff Use ___ Check (# _____) ___ Cash Staff Initials: _____ |
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Pass Holder's Name: _____

Parents Name (if under 18): _____

Address: _____

Phone: (_____) _____ - _____ Age: _____

Please check one of the following based on residency:

| City of Omro Resident | | Non-Resident | |
|------------------------|--|------------------------|--|
| Child (4-17): \$40.00 | | Child (4-17): \$55.00 | |
| Adult (18-54): \$45.00 | | Adult (18-54): \$60.00 | |
| Senior (55+): \$40.00 | | Senior (55+): \$55.00 | |

Waiver for Participants:

In consideration of the acceptance of myself or my children's enrollment in this activity, I hereby waive for myself or my child, my heirs, and assigns, all claims for damage which I might have against the instructor, Omro Parks and Recreation Department, or city, or any other participating agency and their employees for any and all injuries which I might receive during this activity. I further understand that the Omro Parks and Recreation Department does not carry medical accident insurance.

_____ Date: ____ / ____ / 2018
 (Signature of participant, or parent/guardian if under 18)