

Omro Family Aquatic Center
2019 SINGLE Season Pass

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: ____ / ____ / 2019
 (Signature of participant, or parent/guardian if under 18)