

Omro Family Aquatic Center
2020 SINGLE Season Pass

Staff Use
___ Check (# _____)
___ Cash
___ Card
Staff Initials: _____

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: ____ / ____ / 2020
 (Signature of participant, or parent/guardian if under 18)