

Omro Family Aquatic Center **2022 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): \$50.00	Child (4-17): \$65.00
Adult (18-54): \$55.00	Adult (18-54): \$70.00
Senior (55+): \$50.00	Senior (55+): \$65.00

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: ____/____/2022

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