

**Broadway Community Pool
Season Pass Membership Application**

Date: / /2024

- Type:** Family Season Pass (1-4 members) - **\$220.00** (Town Resident)
 Family Season Pass (1-4 members) - **\$240.00** (Non-Town Resident)
 Family Season Pass Promo Rate - **\$175.00** (Available for a limited time)
 Adults (Age 13 & up) - **\$110.00**
 Kids (Age 5-12 & accompanied by adult) - **\$70.00**

*A maximum of three additional family members can be added to the Family Season Pass at \$20.00 per person.

1.) Primary Member: _____ Age: _____

Home Address: _____

Phone: _____ Email: _____

Emergency Contact >> Name: _____ Phone: _____

Medical Conditions: _____

Additional Members:

2.) Name: _____ Age: _____

Home Address: _____

Medical Conditions: _____

3.) Name: _____ Age: _____

Home Address: _____

Medical Conditions: _____

4.) Name: _____ Age: _____

Home Address: _____

Medical Conditions: _____

5.) Name: _____ Age: _____

Home Address: _____

Medical Conditions: _____

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6.) Name: _____ Age: _____

Home Address: _____

Medical Conditions: _____

7.) Name: _____ Age: _____

Home Address: _____

Medical Conditions: _____

*In the event of an emergency, Emergency Medical Services will be activated.

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For Office Use Only

Amount Paid _____ Check Check # _____ Cash

Receipt # _____ Received by _____
(signature)

Affirmation and Release Statement:

I understand and agree to save and hold the town of Broadway (Virginia), its agents, servants, and employees harmless from any and all liability in any way for any occurrence, in my, or my minor child's voluntary enrollment in this activity, which may result in bodily injury, property loss or damage, death or other damages to me, my child, my family, heirs, or assigns.

In consideration of my voluntary participation, or that of my minor child, I hereby:

- Personally assume all risk of injury in connection with his/her participation in this activity.
- I understand that I will be financially responsible for any damage I, or my minor child, inflict on any property of the Broadway Community Pool.
- I agree that I and my children (if applicable) will abide by all the rules and regulations of the pool, which may be posted at the pool, or issued orally and/or published in the pool brochure. These rules may be amended at the pool's discretion. This includes wearing proper swim attire and no smoking (including vape or smoking paraphernalia) and alcoholic beverages.
- I agree that I and my children (if applicable) will not engage in behavior injurious to the enjoyment of the Pool by other Members or Guests.
- I understand and agree that my and my child's (if applicable) use of Broadway Community Pool may be immediately terminated if my (or their) behavior is not in accordance with the above.
- I understand that no pool pass refunds are issued after purchased.
- I understand that anyone younger than 13 needs to be accompanied by a 17+ year old.

I further state that I am of lawful age and legally competent to sign this affirmation and release; that I understand the terms herein are contractual and not a mere recital; and that I have signed this document on my own free act.

I have fully informed myself of the contents of this affirmation and release by reading it and receiving all clarifications requested prior to signing it. I am the legal guardian of any children listed above as participants. In witness hereof, I have executed this affirmation and release on _____ (date).

Name (Print) _____ Signature: _____

NEW 2024 POOL HOURS: Monday – Saturday, 12PM – 6PM; Sunday, 1PM – 6PM