



**GRANDVIEW HEIGHTS MUNICIPAL POOL
2021 SEASON PASS REGISTRATION**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Ph: _____ Work Ph: _____ E-Mail: _____

Emergency Contact: _____ Emergency Phone: _____

MEMBERSHIP APPLICANTS:

Name (First & Last to appear on tickets)	Birthday	Age	M/F
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

*To receive Resident/Senior Rates identification must be presented.

RELEASE OF ALL CLAIMS AND PROMISE NOT TO SUE

As a participant in this and any other program of the City of Grandview Heights, I recognize and acknowledge that there are certain risks and I agree to assume all such risks including any damages resulting from physical injuries, death, loss of service or consortium, loss or damage to property, or any other loss which I may sustain as a result of participating in any and all activities connect with or associated with such programs.

In consideration of the City of Grandview Heights, accepting me or my child's registration, and with the intent to be legally bound, I hereby, for myself, for my child, all heirs, executors, administrators, and assigns, do hereby forever release, waive and relinquish all claims I have or may have as a result of participating in this and all other programs of the City of Grandview Heights, and its officers, agents, servants, employees and Insurers, from any and all liabilities, claims, demands, actions or causes of action resulting from physical injuries, including death, loss of services or consortium, loss of damage to property, or any other loss which I may have or my child may have, or which may accrue to me on account of my participation in this and all other programs of the City of Grandview Heights.

Date

Signature (Applicant or parent/guardian)

OFFICE USE ONLY		
_____ Grandview Heights Resident	_____ Non Resident	Resident/Senior Status Verification: _____
_____ Marble Cliff Resident	_____ Senior Citizen	
Total: _____	Cash _____	Check No.: _____