



**GRANDVIEW HEIGHTS MUNICIPAL POOL
2024 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 events offered by the City of Grandview Heights, I recognize and acknowledge that there are certain risks associated with participation, and I knowingly 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 or my minor child may sustain as a result of participating in any and all activities connected with or associated with participation in such events.

I understand that my agreement to participate or to allow my child to participate in this activity and to use transportation offered by the City of Grandview Heights is for convenience and is completely optional, and that I may choose a different method of transportation at any time by notifying the Parks & Recreation programming staff. I recognize that while my child may be transported to and from one of the school district facilities, the Parks & Recreation activities for which I have enrolled my child are purely recreational and not related to any school district programming.

In consideration of the City of Grandview Heights accepting me or my child's participation, and with the intent to be legally bound, I hereby, for myself, or for my minor child if applicable, my heirs, executors, administrators, and assigns, do hereby forever release, waive and relinquish all claims I have or may have as a result of my or my minor child's participation in this and all other events offered by the City of Grandview Heights, and I further release the City's officers, agents, 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 sustain (or, if applicable, my minor child may sustain), or which may accrue to me on account of my (or my minor child's) participation in this and all other events of the City of Grandview Heights.

_____ Date

_____ Signature (Applicant or Parent/guardian)

*If participant is under age 18, the release form must be signed by parent or guardian.