

# Splash Central & Bartlett Aquatic Center – Indoor/Outdoor Aquatic Pass Splash Central Aquatic Pass Or a Master Swim Pass\*



Bartlett Aquatic Center



Registration Office: (630) 540-4800

**IMPORTANT NOTE:** Please Initial that you understand the below.

**EACH FAMILY MEMBER** is required to have a Bartlett Park District issued photo ID processed and present it in order to gain admission to the facility. **NO EXCEPTIONS!** An admission fee is required when a photo ID pass is not presented. There are no refunds, credits or passes given for admissions fees paid.

Only immediate family members are entitled to pay the additional family members fee. Immediate family members consist of parents and their dependent, unmarried children, 26 year of age and under, residing at the same address. A proof of residency is required for children 21 years of age and over. All other relatives, nannies and au pairs while living at the same address are not members of the immediate family. Other relatives, nannies and au pairs need to purchase their passes independently and show a proof of residency.

**Cancellation and Refund:** There will be no cancellation, credits or refunds for any passes unless proper medical documentation is presented and applicable.

Head of Household Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_

List the eligible family members for whom you are purchasing passes.

\*Check here if you are purchasing a Master Swim Pass \_\_\_\_\_ Code M/SWIM fee: R/NR \$425.00

1. First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M F Relationship to head of household \_\_\_\_\_
2. First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M F Relationship to head of household \_\_\_\_\_
3. First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M F Relationship to head of household \_\_\_\_\_
4. First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M F Relationship to head of household \_\_\_\_\_
5. First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M F Relationship to head of household \_\_\_\_\_

I wish to pay by credit card: VISA MC DISCOVER AMEX

Credit card # \_\_\_\_\_ Exp date: \_\_\_\_\_ CID Security # \_\_\_\_\_

Signature of card holder: \_\_\_\_\_ Total Fees Due: \_\_\_\_\_

**THE WAIVER ON THE REVERSE SIDE MUST BE COMPLETED**

**BARTLETT AQUATIC FACILITY PASS MEMBERSHIP WAIVER & RELEASE**

**IMPORTANT INFORMATION**

The Bartlett Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Bartlett Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in recreational activities.

You are solely responsible for determining if you or your minor child/ward is physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

**WARNING OF RISK**

Swimming is intended to challenge and engage the physical, mental and emotional resources of each participant. However, despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury, including drowning. Understandably, not all hazards and dangers can be foreseen. The very nature of swimming is hazardous and risky, including but not limited to fatigue and overexertion, poor swimming skills, failing to avoid dangerous areas, horseplay, diving or cannon-balling into shallow water and striking the bottom or side of the pool, inadequate supervision or instruction, lack of conditioning, becoming disoriented, striking other swimmers, defective or inadequate equipment, striking one's head on the bottom when using a diving block, slip and falls on the deck or within the locker facility, chemical exposure and all other circumstances inherent to the sport of swimming. In this regard, it must be recognized that it is impossible for the Bartlett Park District to guarantee absolute safety.

**WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK**

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity.

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Bartlett Park District, including its officials, agents, volunteers and employees.

**I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.**

PLEASE PRINT

Date \_\_\_\_\_

- |                                       |   |
|---------------------------------------|---|
| 1. _____<br>First Participant's Name  | 1. _____<br>First Participant's Signature (18 years or older or Parent/Guardian)  |
| 2. _____<br>Second Participant's Name | 2. _____<br>Second Participant's Signature (18 years or older or Parent/Guardian) |
| 3. _____<br>Third Participant's Name  | 3. _____<br>Third Participant's Signature (18 years or older or Parent/Guardian)  |
| 4. _____<br>Fourth Participant's Name | 4. _____<br>Fourth Participant's Signature (18 years or older or Parent/Guardian) |
| 5. _____<br>Fourth Participant's Name | 4. _____<br>Fourth Participant's Signature (18 years or older or Parent/Guardian) |

**It is necessary complete an additional Aquatic Facility Pass Membership and Swim Waiver and Release form for families who have members that have more than four participants.**