



2019 Season Pass Application

Membership Rates

Student	<input type="checkbox"/> \$75	Family of 7	<input type="checkbox"/> \$225
Individual	<input type="checkbox"/> \$95	Family of 8*	<input type="checkbox"/> \$250*
Family, up to 5 members	<input type="checkbox"/> \$175	*\$25 per additional member	
Family of 6	<input type="checkbox"/> \$200	PCA/Caregiver**	<input type="checkbox"/> \$25

No refunds issued.

Family Pass Eligibility

"Family" is defined as all immediate family members, including full-time college students, stepchildren, adopted children, foster children, foreign exchange students and grandchildren **permanently** residing at the same address. It does not include babysitters or visiting relatives (sons, daughters, cousins, grandchildren, grandparents, etc.) In order to participate in a family membership, such persons must be claimed as a dependent to the IRS by the person making the application for membership.

**PCA/Caregiver Pass Eligibility

PCA or Caregiver, is defined as an individual age 14 years or older who will attend the Fairmont Aquatic Park with your child(ren). A PCA/Caregiver pass must be purchased in conjunction with a family membership.

Membership Form

ADDRESS OF FAMILY		
CITY	STATE	ZIP
HOME PHONE	CELL PHONE	
EMERGENCY PHONE	EMAIL ADDRESS	
FIRST & LAST NAMES		
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
PCA/CAREGIVER:		

Waiver of Liability & Hold Harmless Agreement

I, the undersigned parent, guardian or participant, do hereby attest that the information given here is true, and agree to allow the individuals(s) named here to attend the Fairmont Aquatic Park. I further agree to indemnify and hold the City of Fairmont, Fairmont Aquatic Park Facility, Aquatic Park management team and staff harmless from and against any and all claims and liability for injury, damage or loss of property by the aforementioned individual(s) arising out of, or in any way connected with, his/her participation at the facility.

I, the undersigned parent, guardian or participant, understand that this season pass will be null and void if this application is falsified and the season pass fee will be forfeited.

Signature _____

Date _____

OFFICE USE ONLY

Payment method: Cash Check Credit Card Other _____

Date paid: _____ Staff _____

Place a check mark next to each name if their data has been verified

Date entered into system _____ By _____

*Thanks for your support!
See you this summer!*