

Summer 2011
Blowing Rock Pool
Season Pass Application

Family/Individual Name _____

Address _____ City _____ State ____ Zip _____

Mailing Address _____ City _____ State ____ Zip _____

Home phone _____ Work Phone _____

Email Address _____

Type of Pass: Family of 4 \$ 90 Season _____ \$ 70 Month _____
 Family of 5 \$110 Season _____ \$ 90 Month _____
 Family of 6 \$120 Season _____ \$100 Month _____
 Family of 7 \$130 Season _____ \$110 Month _____
 Individual \$ 70 Season _____ \$ 50 Month _____

Blowing Rock Pool Family Pass allows members of the same immediate family (mother, father, and two children) living in the same household on a pass. Please list members below:

1. _____ Age _____
2. _____ Age _____
3. _____ Age _____
4. _____ Age _____
5. _____ Age _____
6. _____ Age _____
7. _____ Age _____

Waiver and Release

I/We hereby acknowledge that prior to use of the pool, I/We have the opportunity to inspect the pool premises and equipment, and have spoken with the supervisor or waive the right to do so. Further, I/We understand there are certain risks inherent in participation in certain recreation activities which are beyond the control of the participant or the Town of Blowing Rock's Parks and Recreation Department., and that immediately prior to any participation I/We have the opportunity to inspect the facility or equipment, speak to any instructor or supervisor, and have the choice whether or not to participate in said program or activity. I/We hereby release the Town of Blowing Rock and its employees from any and all damages on behalf of the name (s) above, which could or would be based on the qualification of the instructor or the adequacy of the supervision, facility or equipment used in the program named above.

Parent/Legal Guardian Signature _____ Date _____

Blowing Rock Pool Refund Policy

Blowing Rock Parks and Recreation cannot offer refunds/rain checks due to weather or acts beyond our control. The weather in Blowing Rock is unpredictable; as such the pool may not be opened due to adverse weather. Should such conditions arise, NO REFUNDS or pro-rating of passes will be offered.

I have read and understand the refund policy. Initial _____ Date _____

Amt. Paid _____ Rec. # _____ Staff _____ Date _____ Ck/Cash _____ Town Employee? _____