

Terra Linda Pool Season Pass



Terra Linda Community Pool, 670 Del Ganado Road, San Rafael, CA 94903
 Community Center 415-485-3344 Pool Phone: 415-485-3346 Fax: 415-485-3345
 Email: terralindapool@cityofsanrafael.org

First Name _____ Last Name _____

Address _____ City/State _____ Zip _____

Email _____ Cell : _____ Home: _____

POOL PASS OPTIONS --Proof of Residency Required for SR Residents		
Check One	Check One	
<input type="checkbox"/> San Rafael Resident	<input type="checkbox"/> Family of 3	<input type="checkbox"/> Senior (50+)
<input type="checkbox"/> Non-Resident	<input type="checkbox"/> Family of 4	<input type="checkbox"/> Senior Couple
	<input type="checkbox"/> Family of 5	<input type="checkbox"/> Additional Person*
Joint Membership With...	<input type="checkbox"/> Individual	* If more than 5 ppl
<input type="checkbox"/> Hamilton Pool	<input type="checkbox"/> Couple	

All Persons authorized to use membership (must reside in residence)

1:Adult: _____

2:Adult: _____

3:Child: _____ Date of Birth: _____

4:Child: _____ Date of Birth: _____

5:Child: _____ Date of Birth: _____

6:Child: _____ Date of Birth: _____

Emergency Contact Name: _____ Phone: _____

No Refunds are given for Season Passes. Nannies/Caretakers who will take children to the pool in your absence, can be added to a pass but you must contact the community center to sign up. A Pass becomes void should the pass be used by anyone other than pass holder or if false information is given. Hold Harmless and Release Agreement: The undersigned on behalf of the him/herself and on behalf of any child enrolled by the undersigned in the program, in consideration of participation in this program, agrees to indemnify and hold harmless, and to release, waive, and discharge the City of San Rafael and its officers and employees, and any community organization cosponsoring the program from any and all liability for any injury or property damage arising out of or in any way connected with participation in this program, including injuries due to the active or passive negligence of the City, it's officers and employees. I HAVE READ THE ABOVE HOLD HARMELSS AND RELEASE AGREEMENT AND FULLY UNDERSTAND THAT I ASSUME ALL RISKS FOR ANY INJURIES AND PROPERTY DAMAGE SUFFERED. I certify that I (or my children) are knowledgeable as to all rules of conduct appropriate to the above-mentioned activity. Neither I nor my children have any physical illness, conditions, disabilities or weakness that would interfere with the safe participation in this activity. I recognize bodily injury and/or property damage may be sustained through participation in this activity and acknowledge that I/we voluntarily accept all risks of injury to persons or property. In case of emergency, my child(ren) may be treated by a qualified physician.

SIGNED: _____ **DATE:** _____

Payment method _____ Cash _____ Check payable to City of San Rafael
 Visa/MC/AMEX/DISC # _____ CVC: _____ Expiration Date: _____