



Terra Linda & Hamilton Community Pool

www.cityofsanrafael.org/comsvcs-pools-tlp * www.cityofsanrafael.org/comsvcs-pools-hp
 terralindapool@cityofsanrafael.org * 670 Del Ganado Dr., San Rafael, CA 94903
 Ph. (415) 485-3344 Fax (415) 485-3345

Please fill out your information and sign the form below.

Name of Primary Contact: _____

Street Address: _____ City: _____ Zip: _____

Hm Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____ (used only for communication with you.)

Emergency Contact Name: _____ Phone: (____) _____

Emergency Contact Person's Relationship to Participant: _____

2nd Adult: _____

1 Child: _____ Date of Birth: _____

2 Child: _____ Date of Birth: _____

3 Child: _____ Date of Birth: _____

4 Additional Person _____ Date of Birth: _____

Season Passes Are Nontransferable. All Persons Authorized to Use Membership (must reside in residence). 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.

| Terra Linda Pass | |
|---|--|
| CHECK ONE | CHECK ONE |
| <input type="checkbox"/> San Rafael Resident | <input type="checkbox"/> Individual |
| | <input type="checkbox"/> Couple |
| <input type="checkbox"/> Non-Resident of San Rafael | <input type="checkbox"/> Senior |
| | <input type="checkbox"/> Senior Couple |
| | <input type="checkbox"/> Family of 3 |
| | <input type="checkbox"/> Family of 4 |
| | <input type="checkbox"/> Family of 5 |
| | <input type="checkbox"/> Additional person |

| Hamilton Pass | |
|---|--|
| CHECK ONE | CHECK ONE |
| <input type="checkbox"/> Novato Resident | <input type="checkbox"/> Individual |
| | <input type="checkbox"/> Couple |
| <input type="checkbox"/> Non-Resident of Novato | <input type="checkbox"/> Senior |
| | <input type="checkbox"/> Senior Couple |
| | <input type="checkbox"/> Family of 3 |
| | <input type="checkbox"/> Family of 4 |
| | <input type="checkbox"/> Family of 5 |
| | <input type="checkbox"/> Additional person |

| Terra Hamilton Joint Pass | |
|--|--|
| CHECK ONE | |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Family of 3 |
| <input type="checkbox"/> Couple | <input type="checkbox"/> Family of 4 |
| <input type="checkbox"/> Senior | <input type="checkbox"/> Family of 5 |
| <input type="checkbox"/> Senior Couple | <input type="checkbox"/> Additional person |

INDICATE METHOD OF PAYMENT: Cash Check payable to City of San Rafael
 Credit (VISA, MC, AMEX, Discover) Card # _____

CVC: _____

Exp. Date: ____/____/____

Please, remember to sign Release Agreements.



Please sign.

City of San Rafael Waiver for Terra Linda & Hamilton Pools

City of San Rafael Hold Harmless And Release Agreement: The undersigned on behalf of himself/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 co-sponsoring the program from any and all liability for any injury or property damage arising out of or in any way connected with participation by the undersigned or the enrolled child in this program, including injuries due to the active or passive negligence of the City, its offices, and employees. I HAVE READ THE ABOVE HOLD HARMLESS AND RELEASE AGREEMENT AND FULLY UNDERSTAND THAT I ASSUME ALL RISKS FOR ANY INJURIES AND PROPERTY DAMAGE SUFFERED. I also 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 illnesses, conditions, disabilities or weaknesses that would interfere with safe participation in the activity. I recognize that 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.

Applicant's Signature: _____ **Date:** ____/____/____

City of Novato Waiver for Hamilton Pools

City of Novato Liability Waiver/Medical Treatment Consent (In order for us to process your registration(s), you must sign the Liability Waiver/Medical Treatment Consent after you have read and agreed to the terms. Registrations where the waiver/consent has been altered will not be processed).

In consideration for my and/or any of my family members' participation in the City of Novato's recreation program(s) that I wish to register for, I voluntarily RELEASE the CITY OF NOVATO, REDEVELOPMENT AGENCY OF THE CITY OF NOVATO, CITY OF NOVATO PUBLIC FINANCE AUTHORITY AND THEIR RESPECTIVE OFFICIALS, OFFICERS, AGENTS, EMPLOYEES AND VOLUNTEERS (hereinafter referred to as "RELEASEES") from any and all liability for injuries or death or property damage to me and/or any of my family members resulting from, arising out of, or in any way connected with my and/or any of my family members' participation in the City of Novato's recreation program(s) or use of the RELEASEES' facilities in connection with this/these program(s). I understand that this WAIVER and RELEASE is applicable even though the negligent activities of the RELEASEES may have contributed to the injury or death or property damage suffered by me or any of my family members participating in this/these program(s). I further agree to DEFEND, INDEMNIFY and HOLD HARMLESS the RELEASEES from and against any and all liability, claims, causes of action, and/or losses of any nature or kind (including litigation-related expenses such as attorney and expert witness fees) resulting from, or in connection with, participation in this/these program(s) whether caused by any negligent act or omission of the RELEASEES. I further understand that serious accidents may occur in the City of Novato recreation program(s) that I am registering for, that participants in this/these program(s) may sustain mortal or serious personal injuries, and/or property damage, as a consequence of their participation in this/these program(s). Knowing the risks of said event, nevertheless, I HEREBY AGREE TO ASSUME THOSE RISKS AND TO RELEASE AND HOLD HARMLESS TO THE FULLEST EXTENT ALLOWED BY LAW ALL OF THOSE PERSONS MENTIONED ABOVE WHO THROUGH PASSIVE OR ACTIVE NEGLIGENCE OR CARELESSNESS MIGHT OTHERWISE BE LIABLE TO ME FOR DAMAGES.

It is further understood and agreed that this waiver, release, hold harmless and indemnification agreement is to be binding on me, any of my participating family members, and all of our heirs, representatives, and assigns. I hereby authorize qualified physicians to render medical treatment or care that they may deem necessary for me or my family members in case of illness or accident during such program(s). In the event of injury of a child participant, and if a parent cannot be reached, the Novato Fire District will be contacted to transport the injured to Novato Community Hospital or Kaiser Permanente. (Please check one. If none are checked, the injured will automatically be transported to Novato Community Hospital.) **By my signature below, I signify that I have read, understand, and voluntary agree to be bound by each of the terms stated above.**

Applicant's Signature: _____ **Date:** ____/____/____