



# Metamora Park District Season Pool Pass 2026

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Check One:**

**In District**

**Out of District**

**\*\*You are considered "In District" only if you live within the Village of Metamora and pay taxes to the Metamora Park District One way to tell is if you receive a water bill from the Village. You may be asked for identification. "In District" pass subject to verification\*\***

Circle the Pass you are registering for:

Lap Pass  
\$50R/\$60NR

Single Season Pass  
\$130R/\$160NR

Add Season Member  
\$40R/\$45NR

Weekend Pass  
\$60R/\$65NR

Please list the names of all pass holders and their age. Pass holders must all be members of your immediate family (or be a primary caregiver) and live in your household. You may include children up to age 21. You will be issued 1 pass card per member. \*\*You may add a babysitter to your pass at the rate of \$50R/\$55NR. \*\* There is a \$5.00 replacement charge for additional pass cards.

**Passes will be ready on opening day at the pool office.**

- |          |           |          |           |
|----------|-----------|----------|-----------|
| 1. _____ | Age _____ | 4. _____ | Age _____ |
| 2. _____ | Age _____ | 5. _____ | Age _____ |
| 3. _____ | Age _____ | 6. _____ | Age _____ |

Babysitter: \_\_\_\_\_

For Office Use Only

Cash/Check# \_\_\_\_\_ Pass # \_\_\_\_\_ Date: \_\_\_\_\_

Processed by: \_\_\_\_\_

## WAIVER AND RELEASE FORM

I (print name) \_\_\_\_\_, hereby waive and release all claims for injuries sustained by me and/or my child, \_\_\_\_\_ arising out of all programs, activities, facilities, and events associated or connected with METAMORA PARK DISTRICT. I recognize that such programs, activities, facilities, and events involve inherent risks that may result in injury, death, damage, or loss, and I understand that if I refuse to sign this form, the Park District will not allow my participation or that of my child. I also understand that by participating in such programs, activities, facilities, and events, I expressly assume the risk for any injury, death, damage, or loss which I and/or my child may sustain as a result of such participation. I further release and discharge the Park District, its officers, agents, servants, employees, and volunteers from any claims that my child or I may have or which may accrue to my child or me as a result of such participation. I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants, employees, and volunteers from any claims that my child or I may have or which may accrue to my child or me as a result of such participation.

I (print name) \_\_\_\_\_, am solely responsible for determining whether my child or I am physically fit and/or skilled for participation in METAMORA PARK DISTRICT activities or programs. I am aware that I and/or my child should consult a physician before undertaking any activity associated or connected with the Park District's programs, activities, facilities, and events. I further represent that I have adequate medical insurance coverage for my child and me, and, in the event of an accident or illness, I hereby consent to emergency medical care provided by ambulance or hospital personnel for my child and/or me.

Having been given sufficient time to read and review the above acknowledgements, understandings, and agreements, I hereby voluntarily choose to participate in the Activity.

I voluntarily agree to assume all risks, known and unknown, and accept sole responsibility for any injury to myself or others with whom I may come into contact, including, but not limited to personal injury, disability, death, illness, damage, loss, claim, liability, or expense, of any kind, that I or others who I may come into contact with may experience or incur in connection with my participation in the Activity. On my behalf, my heirs, and my legal representatives, I hereby release, covenant not to sue, discharge, and hold harmless Metamora Park District, its successors, assigns, employees, Board members, officers, officials, administrators, agents, and volunteers from any claims, causes of action, suits, expenses, debts, accounts, controversies, damages, claims and demands arising out of my participation in the Activity.

I hereby acknowledge that I have read this Waiver, Release, and Assumption of the Risk, understand it, and have voluntarily signed it below.

Signed this day of \_\_\_\_\_, 202\_.

## PHOTO/VIDEO AUTHORIZATION

I (print name) \_\_\_\_\_ parent or official guardian of (child's name) \_\_\_\_\_, hereby authorize and give consent to METAMORA PARK DISTRICT and its officers, agents, servants, employees and volunteers to take and use photographs video and/or digital images of me and my child during participation in the Park District's programs, activities, facilities or events such pictures, video or digital images of my child and/or me are the exclusive property of METAMORA PARK DISTRICT and I authorize the use of these images without compensation to me.

By: \_\_\_\_\_ Date: \_\_\_\_\_