Terra Linda Community Pool

2025 Season Pass Form

670 Del Ganado Rd. ● San Rafael ● CA ● 94903
Office Phone (415) 485-3344
Email terralindapool@cityofsanrafael.org
www.cityofsanrafael.org/pools

Name of Primary Pass Holder _____ Date of Birth _____

Street Address _____ City _____ State _____ Zip Code _____

Primary Phone Number _____ Email _____

Emergency Contant Name _____ Emergency Contact Phone Number _____

Season Passes are nontransferable, and no refunds are given for season passes. All persons authorized to use the pass must reside in the residence.

PASS HOLDER NAME:	**DATE OF BIRTH:**	**TYPE OF PASS:** ***Youth, adult & older adult***	**FEE:**
1.			
2.			
3.			
4.			
5.			

FEES:

YOUTH (12M- 17 YEARS OLD): **$118 R/ $130 NR**

ADULT (18-61 YEARS OLD): **$166 R/ $182 NR**

OLDER ADULT (62 YEARS AND OLDER): **$118 R/ $130 NR**

TOTAL DUE $_____

Method of Payment - We accept cash, a check payable to *City of San Rafael* or a credit card. We will call you for credit card information upon receiving your completed season pass form.

City of San Rafael Hold Harmless And Release Agreement: The undersigned on behalf of himself/herself and on behalf of any child enrolled by theundersigned 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 Signature:_____**Date:** _____

Passes cannot be processed without required signatures for City of San Rafael waiver/release agreements.