

**Terra Linda Community Pool/ Hamilton Community Pool**

**Season Pass Form**

670 Del Ganado Rd. • San Rafael • CA • 94903

**Office Phone** (415) 485-3344 **Fax** (415) 485-3345 **Email** terralindapool@cityofsanrafael.org

www.cityofsanrafael.org



Name of Primary Contact/Pass Holder \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Phone \_\_\_\_\_

**Season Passes are nontransferable and no refunds are given for season passes. All persons authorized to use the pass must reside in the residence. Nannies/Caretakers who take children to the pool can be added to your pass as an additional pass holder for an additional fee; they are not interchangeable and require their own pass. Contact the community center to add them to your pass.**

**Person(s) on Pass (please print)**

Name	Date of Birth	Name	Date of Birth
1		5	
2		6	
3		7	
4		8	

**TERRA LINDA PASS**

- San Rafael Resident
- Non-Resident

PLEASE CHECK ONE

- Individual
- Couple
- Senior
- Senior Couple
- Family of 3
- Family of 4
- Family of 5
- Additional Person

**HAMILTON PASS**

- Novato Resident
- Non-Resident

PLEASE CHECK ONE

- Individual
- Couple
- Senior
- Senior Couple
- Family of 3
- Family of 4
- Family of 5
- Additional Person

**TERRA HAMILTON JOINT PASS**

- San Rafael or Novato Resident
- Non-Resident

PLEASE CHECK ONE

- Individual
- Couple
- Senior
- Senior Couple
- Family of 3
- Family of 4
- Family of 5
- Additional Person

**Four guest passes are included with purchase of a Season Pass. Pass holders must be present with guests.**

**Would you like to purchase additional guests passes?**

\_\_\_ **No Thank You** \_\_\_ **5 passes for \$20** \_\_\_ **10 passes for \$35**

**Method of Payment** - We accept cash, a check payable to *City of San Rafael* or a credit card

Visa/MasterCard/Discover \_\_\_\_\_ Expiration \_\_\_\_\_

CVC Code \_\_\_\_\_

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

## Signatures required for all Pass Holders

### Box A – Terra Linda Season Pass Holders Box

### Boxes A & B – Hamilton Season Pass Holders

### Box A & B - Joint Seasons Pass Holders

#### Box A

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 Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### Box B

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 and 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.) I understand and agree that photographs may be taken of participants during recreation programs and by my signature below am giving my permission for photographs of me and/or my child(ren) participating in the program to be used and reproduced by the City of Novato for such purposes as display in advertisements and promotions in City and recreation program publications, brochures and on the City's website. By my signature below, I signify that I have read, understand, and voluntarily agree to be bound by each of the terms stated above.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_