

Season Pool Pass Form

Adler & Riverside Pool Passes

	Resident	Non-Resident
Individual	\$100	\$175
Family 2 person	\$150	\$240
Family 3 person	\$190	\$295
Family 4 person	\$215	\$335
Family 5 person	\$255	\$395
Add'l person	\$45	\$75
Senior (60 yrs +)	\$60	\$85
Nanny	\$75	\$105
10 Visit Pass	NA	\$105
20 Visit Pass	NA	\$185

**POOL PASS HOLDERS CAN ENTER THE POOL
1/2 HOUR EARLY EVERYDAY.**

- ◆ Two adults per Family Pass.
- ◆ Pass sharing is not allowed.
- ◆ Pool Season Passes are individual picture passes.
- ◆ You must have proof of residency to receive resident rate.
- ◆ No refunds once the season begins on May 28.
- ◆ If weather is questionable, call the Swim Info line at 847-247-5433 option 2.
- ◆ **Pool closes at 3:30 pm on Wed Jun 22, Jun 29, Jul 6, Jul 20 & Jul 27 for our Swim Team meets.**

To Purchase Season Pool Passes, Visit Either

Fitness Desk at the Libertyville Sports Complex

1950 N. Highway 45 847-367-1504

Adler Pool starting May 28

1500 N. Milwaukee Avenue 847-816-7946

Please read this form carefully and be aware that in signing up and participating in this program you will be waiving and releasing all claims arising out of this program. In consideration of the Village and the Libertyville Recreation & Sports Complex Department (LRSCD) sponsoring and providing the programs listed and accepting me as a participant in the above program, I agree as follows:

ACKNOWLEDGEMENT/ASSUMPTION OF RISK OF INJURY: I have fully informed myself of all the details of the LRSCD program(s) and have received satisfactory answers to all questions I have concerning the programs and the risks inherent in the programs. I recognize and acknowledge that they may involve risks of bodily injury and death. I agree to and assume the full risk of any injuries, including death, and of all costs, damages, and losses that I may sustain as a result of participating in any and all activities connected with or associated with such program.

WAIVER AND RELEASE OF CLAIMS FOR INJURY: I hereby agree to, and do waive, release and relinquish all claims of every kind, known and unknown, present and future, that I may have against the Village of Libertyville, the LRSCD, and their officers, agents, servants and employees, arising out of, connected with, or in any way related to, the program or my participation therein.

INDEMNITY AND DEFENSE: I hereby further agree to indemnify and hold harmless and defend the Village of Libertyville, the LRSCD and their officers, agents, servants and employees from any and all claims of every kind, known and unknown, present and future, that I or my minor child may have arising out of, connected with, or in any way related to the program or my participation therein. My signature on this form indicates that I have read and understand the above.

Last Name _____ E-mail address _____

Signature _____ Date ____/____/____ Phone _____

I agree to the waiver on this form. *Pool Pass will not be processed without signature.*

Address _____ Work or Emergency (*circle one*) _____

City _____ Zip _____ Are you a Village of Libertyville Resident? YES NO

PLEASE INDICATE ON FORM IF YOU NEED NEW PICTURE PASSES. YOU WILL NEED TO COME IN FOR PICTURES TO BE TAKEN.

LAST NAME	FIRST NAME	BIRTHDATE	FEE	NEW PASS? YES OR NO

Make check payable to **Village of Libertyville**

Cardholder Name _____	Charge Amount \$ _____
Authorized Signature _____	
Account Number: _____	Expiration Date ____/____

