

Edgerton Pool Season Pass Registration

Make checks payable to: City of Edgerton

Mail to: Edgerton Pool 12 Albion Street Edgerton, WI 53534

Last Name _____

Parent's Phone # _____

Address _____

Emergency # _____

Season Pass Holder's Name	Gender	Age		Season Pass #	Super Pass #

Residents of Edgerton are Taxpayer's of City Taxes and/or live in the city limits.

In exchange for the privileges of using these facilities, I agree that I will be liable to and hold harmless the City of Edgerton and its officers and officials, agents and employees against all loss or expense including attorney fees by reason of any claim and suits, or because of bodily injuries including death at any time resulting wherefrom, sustained by any person or persons or an account or damage to property, including loss of use thereof, arising from, in connection with, caused by or resulting from my act or omission in attending and using these facilities, whether cause by or contributed to by the City of Edgerton or its agents or employees. I grant permission for my photo to be used in any promotional material produced by the City of Edgerton.

I understand if I misuse this pass or do not follow the rules of the facility that the season pass can be revoked and is non-refundable.

Signature _____

Date _____

For office use only:

Check # _____ or Cash _____ Total Collected _____ Date _____ Initials _____