



2022 SplashZone Pass Application

H/H

Name	Primary Phone #	Secondary Phone #
Address	City	State/Zip
E-mail	Emergency Contact	Emergency Contact Phone

Name(s) of all persons included on this pass including applicant listed above: (Attach a second form if additional space is needed.)

	First Name	Last Name	Date of Birth	Gender
1			/ /	F or M
2			/ /	F or M
3			/ /	F or M
4			/ /	F or M
5			/ /	F or M
6			/ /	F or M

Price	
Individual	\$125
Family* (consists of max. 2 adults and 3 children)	\$200
Additional Adult	\$35
Additional Child	\$20
VALUE	\$100 for 15 Visits

Please Note:

- Patrons are expected to follow all the facility rules and regulations
- Admission fee (or pass swipe) is REQUIRED for ALL who enter facility (3 and up)
- No Food, Drinks, or Coolers are permitted inside park
- Children under 12 MUST be accompanied by an adult 16 years or older
- Appropriate swim wear with a lining must be worn
- Staff reserves the right to close facility for inclement weather or low attendance

By signing this agreement, I verify that I have read and understood the information and guidelines on the front and back of this form.

_____ Purchaser's Signature

_____ Date

For Office Use Only

Amount Paid: _____

Date of Purchase: _____

Payment Method (circle one):

Cash

Check # _____

Credit Card

Gift Certificate # _____

Staff accepting Form: _____

Reviewed by: _____

Please read the following information before purchasing your pass:

- Pass holders must abide by all rules and regulations of SPLASHZONE or privileges may be revoked. These rules may be modified on occasion. For the most current rules, please ask a front desk attendant.
- Not all programs, benefits, facilities, equipment, etc. will be available at all times.
- Pass fees are reviewed periodically and any changes to these are implemented at the membership renewal.
- Passes are not transferable.
- Membership keytag or keytag number must be presented at the front desk each visit to receive admission.
- There is a \$5 fee to replace a keytag.
- There are no refunds on pass purchases.
- Immediate family members (parents and their children through the age of 25) residing at the same address and identified at the time of initial purchase are eligible for Family rate. Proof of address and/or income tax return may be required for all those listed on the membership form to verify residence.

Annual Passes:

- Valid for the 2020 SplashZone season.
- Passes may not be cancelled for any reason with the exception of a written physician statement or relocation outside of the 45-mile service area.

Facility Closure Policy:

Management Staff has the right to choose not to open or close early under the following circumstances:

- Inclement Weather Policy: The pool will not open if the air temperature is below 70 degrees and the skies are cloudy. The water and deck will be cleared for at least 30 minutes in the event of:
 - Lightning or thunder (see or hear)
 - Emergency warning siren sounds
 - Tornado warning or watch
 - Heavy rain or winds obscure visibility
- Low attendance policy: the pool will close when a minimum of 60 minutes have passes with five patrons or fewer swimming and/or entering the facility.

Waiver and Release of Liability:

The City of Rolla and SplashZone are not responsible for any injury or loss of property suffered while participating in SPLASHZONE activities, using SPLASHZONE equipment, or on SPLASHZONE premises, for any reason whatsoever, including ordinary negligence on the part of SPLASHZONE, its officials, employees, instructors, or agents. In consideration of my family's and my ability to use SPLASHZONE for fitness activities, I hereby release and covenant not to sue SPLASHZONE, its officials, employees, instructors, or agents from any and all present and future claims resulting from my participation in SPLASHZONE activities both present and future, that may be made by me, my family, estate, heirs, or assigns. I represent that I am in good health. I am aware that health and fitness activities may range from vigorous cardiovascular activity to the exertion of strength training and that these, and other activities at SPLASHZONE involve certain risks, including but not limited to death, disability, serious neck, and spinal injuries resulting in complete paralysis, heart attacks, and injury to bones, joints, or muscles. My family and I are voluntarily participating in SPLASHZONE activities with full knowledge of the inherent risks of property damage, personal injury and/or death. I understand that SPLASHZONE encourages me to consult with a physician before beginning any exercise program. I understand this waiver to be broad and inclusive as the laws of the state of Missouri will permit and affirm that I am of legal age to freely sign this waiver. I have read this waiver and fully understand the terms of this waiver. I agree to comply with the rules of SPLASHZONE.