



Bonner Springs Aquatic Park

2021 Membership Form

May 29 - August 8

PLEASE CHECK ONE BELOW:

Resident Rate:

_____ Individual (Child/Adult) Pass- \$50.00

_____ Family Season Pass*- \$100.00

_____ Senior (60+) Pass- \$25.00

Non-Resident Rate:

_____ Individual (Child/Adult) Pass- \$75.00

_____ Family Season Pass*- \$150.00

_____ Senior (60+) Pass- \$50.00

After 5 members, an additional fee of \$5.00 per person will be charged

****Proof of Bonner Springs utility service required for residency****

1. **Primary Adult:** _____ **Date of Birth:** _____

2. **Adult:** _____ **Date of Birth:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Email:** _____

3. **Child:** _____ **Date of Birth:** _____

4. **Child:** _____ **Date of Birth:** _____

5. **Child:** _____ **Date of Birth:** _____

6. ***Additional Child:** _____ **Date of Birth:** _____

7. ***Additional Child:** _____ **Date of Birth:** _____

8. ***Additional Child:** _____ **Date of Birth:** _____

WAIVER AND RELEASE

In consideration of my (and/or my child's) participation in this activity, I hereby release and discharge the City of Bonner Springs, Kansas and the Bonner Springs Recreation Commission from any and all liability arising from accident, injury and illness that I (or my child/children) may suffer as a result of participation in such activity. I further agree to indemnify and hold harmless the City of Bonner Springs, Kansas and the Bonner Springs Recreation Commission and the officials, agents, and employees of each from any and all claims resulting from injuries, damages, and losses sustained by me (and/or my child/children) arising out of, connected with, or in any way associated with the activity. In the event of emergency, I authorize City or Recreation Commission officials to secure from any licensed hospital, physician or medical personnel any treatment deemed necessary for me (and/or my child's) immediate care and agree that I will be responsible for payment of any and all medical services rendered. If any damage to City or Recreation Commission facilities, equipment or materials occurs as a result of misuse by me (and/or my child) during use in activity enrolled or participating in, I will be responsible for payment of any repairs and/or replacement needed. Also, the undersigned and/or the participant(s) authorize the City or Recreation Commission to use at its discretion photograph(s) (black/white or color) taken of participants while participating in City or Recreation Commission programs and activities for marketing in print or by electronic means. Registration is not valid without signature. By signing, participant has read all facility rules, waiver and release for all parties involved.

Signature: _____ **Date:** _____

***** **FOR OFFICE USE ONLY** *****

Staff: _____ **Date:** _____ **Receipt:** _____

Credit Card: _____ **Cash:** _____ **Check:** _____ **Total:** _____