

<p>Individual Season Pass \$100.00</p>	<p>-Admission for one- for the 2024 season -Not valid for special events -2 individual activity trial passes of your choice</p>
<p>Family of 4 Season Pass \$200.00</p>	<p>-Admission for family of 4- for the 2024 season -Not valid for special events -2 individual activity trial passes of your choice</p>
<p>Family of 5 Season Pass \$225.00 Additional people can be added for \$15 per person</p>	<p>Admission for family of 5- for the 2024 season -Not valid for special events -3 individual activity trial passes of your choice</p>

FAMILY NAME: _____

Name (s):	Ages:
1.	_____
_____	_____
2.	_____
_____	_____
3.	_____
_____	_____
4.	_____
_____	_____

<p>Email:</p>	<p>Cell Phone Number:</p>
<p>Address:</p>	<p>Phone Number:</p>
<p>Emergency Contact:</p>	<p>Phone Number:</p>

RELEASE AND WAIVER OF LIABILITY (This is a legal and binding contract.)

“I am aware that accidents can happen around and in a swimming pool, and I or (my child/children/dependents) am voluntarily participating in the activities with knowledge of the dangers involved and hereby accept any and all risks of injury. I have carefully read this release and waiver and fully understand its content. I also understand that if I or (my child/children/dependents) do not follow the rules of the Morehead Family Community Pool and do not act in accordance with the instructions of the managers or lifeguards that I and/or my child(ren) may be asked to leave the premises. I fully understand that the managers have the duty to close the pool early in the event of extreme weather, water quality problems and/or low attendance (less than 12 swimmers) as agents of the SYO board. I am aware that this is a release of liability, including asserted negligence and is a contract between our family (including our guests) and the Sutter Youth Organization and its board members. I am signing this of my own free will. I agree that in the case of an emergency, illness and/or injury that the supervisor on duty has my permission to authorize emergency treatment for my minor age children.

I hereby give my consent to Morehead Family Community pool to photograph, film, videotape and then use, reproduce and publish said images of me and/or my children.”

Signature of Member

Date

Date of purchase: _____

Receipt # _____

Initial: _____