

**MASON MUNICIPAL AQUATIC CENTER**

6249 Mason-Montgomery Road

Mason, Ohio 45040

513.229.8553

**PASS APPLICATION/  
MEMBER AGREEMENT**



PLEASE PRINT

Head of Household (first, middle & last) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Street Address \_\_\_\_\_ City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Phone Work Phone Cell Phone Emergency Phone

**Pass Applicants: Household Employers** (please include company name and address) \_\_\_\_\_

I.D. #	Name (first, middle & last)	Date of Birth	Current Grade	Gender
Head of H/H (01)				
Spouse (02)				
Dependent/HH Mbr (03)				
Dependent/HH Mbr (04)				
Dependent/HH Mbr (05)	additional monthly fee			
Dependent/HH Mbr (06)	additional monthly fee			
Dependent/HH Mbr (07)	additional monthly fee			
Dependent/HH Mbr (08)	additional monthly fee			

**Emergency Contact:** (Please provide contact information for someone who is not a member of your household)

<b>Name</b>		<b>Relationship</b>	
<b>Street Address</b>		<b>Home Phone</b>	
<b>City, State, Zip</b>		<b>Work Phone</b>	
		<b>Cellular Phone</b>	

**Release of All Claims:** In consideration of the opportunity to engage in recreational activities with the City of Mason, the undersigned hereby waives, releases, saves, holds harmless, and indemnifies the City of Mason, their elected and appointed officials, boards, commissions, volunteers, employees, agents, and independent contractors, for and from any and all liability, loss, costs, damages, expenses, claims, or actions for damage or personal injury to me, my spouse, or my dependents arising out of or by any act or omission on the part of the user while participating in any City of Mason sponsored activity. The undersigned understands that the City of Mason is not liable or responsible in any way for injuries sustained, damages incurred, or accidents occurring during the activities taking place during City of Mason programs and events. The undersigned further assumes the risk of

all conditions in and about City of Mason property, both real and personal, and waives any and all specific notice of the existence of such conditions, if any. Furthermore, this release bars claims by the undersigned's spouse, children, heirs, assigns, executors, and administrators. The undersigned understands that photographs and/or videotapes of the undersigned or family members participating in or using a City of Mason program or facility may be taken for use in promoting City of Mason activities and facilities in future editions of CenterPoint, in a variety of other publications, social media, on display boards throughout the City facilities, and for other uses by the City of Mason. The undersigned hereby gives permission to use such photographs without compensation.

**I have carefully read the Release of All Claims above and the Member Agreement on the reverse side of this form and fully understand its content. I am aware that this is a release of liability and a legal contract. I hereby agree to be bound by the terms and conditions contained herein.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature of any dependent under 18 years old \_\_\_\_\_ Date \_\_\_\_\_

<b>STAFF USE ONLY</b>	<b>Status:</b>	<b>One-Time Payment Type:</b>	<b>Processed by:</b>
<b>Residency Status:</b>	<input type="checkbox"/> New <input type="checkbox"/> Renewal	<input type="checkbox"/> Cash	_____
<input type="checkbox"/> City of Mason (MRES)	H/H# _____	<input type="checkbox"/> Check/Money Order# _____	(please print)
<input type="checkbox"/> Non-Resident (NR)	Receipt _____	<input type="checkbox"/> Credit Card (MC or VISA Approval# _____)	
<input type="checkbox"/> Employed Full time in the City of Mason limits			
<b>Member Type:</b>			
<input type="checkbox"/> Family <input type="checkbox"/> Senior (60+) <input type="checkbox"/> Youth (4-11) <input type="checkbox"/> Adult (12-59) <input type="checkbox"/> Medicare Based Premier			

# MASON MUNICIPAL AQUATIC CENTER

## MEMBER AGREEMENT

As our guest, we want you and all of our customers to enjoy the facilities, classes, and experience at the Mason Municipal Aquatic Center. Staff members are dedicated to helping you have a safe, fun, and healthy time. Please help us meet our commitment by being mindful and courteous to other guests, following all safety guidelines, and following directions staff may provide. Occasionally, staff will remind customers how to help make the facility fun and safe for everyone and we hope that you will remind us how we can do better.

- ☞ All passes are non-refundable and non-transferable, and considered void if used by anyone other than the original issued pass holder.
- ☞ All pass holders are asked to observe the rules and regulations relating to the safety and operation of the facility.
- ☞ The City of Mason retains the right to establish all facility rules, regulations, rental policies, fees, charges, programs, classes, operating hours, and overall management of the facility. Any changes in rules, regulations, or policies will be posted to inform all patrons in as timely a manner as possible.
- ☞ Any pass holder's failure to comply with these policies and procedures, and any conduct considered by staff to be disruptive to the safety of any person or property or the enjoyment of other pass holders, may be subject to disciplinary action. The City of Mason reserves the right to revoke any pass and/or to eject or to bar any pass holder from the facility and grounds, for good cause.
- ☞ All pass holders shall present their pass for scanning upon each visit, or if otherwise requested. If a pass is not available, an alternate form of photo identification will be required for admission into the facility.
- ☞ Occasionally, the Mason Municipal Aquatic Center and/or specific facilities of the center may be closed for repairs, maintenance, and/or special events. Such closings will not result in a reduction of pass holder rates. The dates and times of any closings will be posted in advance.
- ☞ Pass holders use the Mason Municipal Aquatic Center at their own risk. The City of Mason is not responsible for articles lost or stolen from participants in the facility or on the grounds.
- ☞ Some restrictions may apply. Terms and conditions subject to change.

### HOW DID YOU HEAR ABOUT US?

Referred by (please provide name):

\_\_\_ Friend

\_\_\_ Family member

Name: \_\_\_\_\_

\_\_\_ Word of mouth by someone else

\_\_\_ Web site

\_\_\_ Newspaper ad (name of paper) \_\_\_\_\_

\_\_\_ CenterPoint program guide

\_\_\_ School flyer

\_\_\_ Radio or TV ad (station) \_\_\_\_\_

\_\_\_ Magazine ad (name of magazine) \_\_\_\_\_

\_\_\_ Group Health Associates/TriHealth

\_\_\_ Have participated in programs here

\_\_\_ Other \_\_\_\_\_