

City of Avon
Avon Aquatic Facility
36265 Detroit Rd.

RENEW ACTIVE BY UNITED HEALTHCARE MEMBERSHIP (Seasonal 2020)

Family Address _____ City, State, Zip _____

Home Phone (____) _____ Work/Cell Phone (____) _____ Email _____

Emergency Contact: _____ Phone: _____

Confirmation Number

(confirmation # is provided by United Healthcare; 10 digits with an A or S followed by 9 numbers)

PLEASE COMPLETE ALL AREAS PRINT CLEARLY					
First Name	Last Name	Date of Birth	Age	M/F	Bar Code
1		/ /			
2		/ /			

WAIVER and RELEASE:

In consideration of being permitted by the City of Avon Parks and Recreation Department to participate in activities at Avon Parks and Recreation Facilities, I hereby waive, release and discharge any and all claims for damage for personal injury, death or property damage which I may have, or which may hereafter accrue to me, as a result of participation in activities at said facilities. This release is intended to discharge in advance the City of Avon, its officers, employees and agents from any and all liability arising out of or connected in any way with my participation in activities at this or any other Avon Parks and Recreation facility even though that liability may arise out of negligence or carelessness on the part of those parties. It is understood that activities such as the ones I will be participating in involve an element of risk and danger of accidents and knowing those risks, I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold harmless, the City of Avon, its officers, employees and agents from any loss, liability, damage, cost or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in any activity at this or any other Avon Parks and Recreation facility. I understand that by participating all Participants consent to photo images taken by the Avon Parks and Recreation staff during this activity to be used in any or all Avon Parks and Recreation publications and websites.

I hereby consent that the participant may participate in activities at this, or any other Avon Parks and Recreation facility and I hereby execute the Agreement, Waiver and Release on his/her behalf. I hereby affirmatively state that the said Participant is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost or expense that they may incur as result of the death or any injury or property damage that said participant may sustain while participating in activities at any such Avon Parks and Recreation Department facility.

Participant Signature: _____ Date: _____

Completed form will be used to create database and allow pool admittance. Forms can be received at Avon Parks & Rec. Dept. or the pool front desk once the pool opens for the season. A fob/card will be issued at the pool. This card will be used to swipe into the facility upon arrival. Renew Active members are provided access to the pool. Guests must be accompanied by an Avon resident.

Cashier's Initials _____ Date: _____