

Office Use: Pass No. _____



ONE WEEK POOL PUNCH PASS (7 Days) REGISTRATION

The pool punch pass gives you a one-week access to the pool

(7 consecutive days)

RESIDENTS ONLY (Proof of Residency required- I.D. & Utility Bill)

Student: \$20 (3-17)

Adult: \$28 (18+)

Date: ____ / ____ / 2026

Resident: _____

Address: _____

Phone: _____

Emergency Contact Name & Phone: _____

Please be sure you and your guests are aware of, and adhere to, the rules of the Avon Aquatic Facility.

Failure to obey rules or instructions, misuse of equipment or dangerous acts may be cause for removal.

By signing this form, the resident/passholder agrees to being held responsible for their guest(s).

AGREEMENT, 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 on behalf of myself, spouse and my minor child (ren) 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

Resident Signature: _____ Date : _____

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Proof of Residency: I.D. _____; Utility Bill: _____