

MAHWAH MUNICIPAL POOL 2022 APPLICATION

First Name _____ Last Name _____ Membership Type: Adult Child Senior Rate _____

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Number of Guest Card: _____ Total Guest Pass Fees: _____

Total Membership Fee: _____ Check # _____ Cash _____

STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

Cell Phone # _____

Do you choose to be added to the 2022 Remind Messaging System- **YES** or **No**

ALL REGISTRATION APPLICATIONS MUST BE PAID IN FULL (cash or check)- Make checks payable to Township of Mahwah Municipal Pool

I/We acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my family, including my child(ren) and I may be exposed to or infected by COVID-19 while at the Mahwah Municipal Pool and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Mahwah Municipal Pool may result from the actions, omissions, or negligence by myself and/or others, including, but not limited to, the Swim Pool Commision, pool management, pool employees, township employees, volunteers, and program participants and their families. I voluntarily agree to assume the foregoing risks and accept sole responsibility for any injury to my child(ren), myself or my family (including, but not limited to, personal injury, disability and death), illness, damage, loss, claim, liability, or expense, of any kind, that I, my family and my child(ren) may experience or incur in connection with my or my family's attendance at the pool or participation in pool activities ("Claims"). On my behalf, my family's behalf and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Township of Mahwah, Swim Pool Commision, pool management, as well as any and all employees, agents and representatives, of the swim pool or the borough of and from the Claims, including all liabilities, claims, actions, damages, costs and expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Township of Mahwah, Swim Pool Commision, pool management, pool employees, borough employees, agents and representatives, whether a COVID-19 infection or other illness occurs before, during or after participation in pool facility activities.

Member Signature

Member Signature