

# DAY PASS REGISTRATION

HARRISONVILLE AQUATIC CENTER 2025



Primary Contact:

Address:

City:  State:  Zip:

Phone Number:  E-Mail:

Emergency Contact Name & Phone Number:

|                         | Printed Name:        | Date of Birth:       | Relationship to Primary: |
|-------------------------|----------------------|----------------------|--------------------------|
| Primary Contact:        | <input type="text"/> | <input type="text"/> | <input type="text"/>     |
| Additional Registrants: | <input type="text"/> | <input type="text"/> | <input type="text"/>     |
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| Additional Registrants: | <input type="text"/> | <input type="text"/> | <input type="text"/>     |

I understand and attest that the information on this application is true and correct. I understand a parent or guardian must sign for children under the age of 18. I understand that children ages 10 and under must be accompanied at all times by a parent or guardian (age 16+) while visiting the Outdoor Pool. I understand that there are no refunds on Outdoor Pool Day Passes. I agree to abide by all Facility Rules and Regulations.

Primary Contact Signature:  Date:

\*(If under 18, a parent or legal guardian must sign & date)

For a complete list of rules and regulations please visit [www.HarrisonvilleParks.com](http://www.HarrisonvilleParks.com).

Children 10 and under must be accompanied at all times by a parent or guardian (age 16-plus) within the pool area.

Children 4 and under are free.

Children 4 and under must have a parent or guardian within arm's length in the pool area at all times.

Inner tubes, inflatable boats and rafts, or inflatable bathing suits are not permitted in the pool.

Personal flotation devices are not allowed on the slides, diving boards, or in the diving area.

Flotation devices must be U.S. Coast Guard approved.

Guardians and siblings over 48 inches may not slide down with children. All sliders must slide down on their backs.

Season Runs May 23 through August 10, 2025. Open 7 days a week.

Monday-Thursday 12-7pm, Friday-Sunday 12-6pm.

Family Swim Monday-Thursday 5-7pm. Family Swim Friday 4-6pm.- \$5 per swimmer.

**For Office Use Only:** \_\_\_\_\_ Student ID \_\_\_\_\_ Driver's License \_\_\_\_\_ Passport \_\_\_\_\_ Military ID \_\_\_\_\_ Other: (specify) \_\_\_\_\_  
\_\_\_\_\_ Photo on File for All Visitors

Front Desk Initials:  Date:

WELCOME TO THE OUTDOOR POOL!

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**WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK** I am aware that in consideration for providing the facilities, I am expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which I or my guests may sustain as a result of participating in any and all activities connected with and associated with use of the facility. As a renter/user of the facility, I recognize and acknowledge that there are certain risks of physical injury to me and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I might incur. I further agree to waive and relinquish all claims I may have (or accrue to me) as a result of using said facilities, including negligence, against Harrisonville Parks and Recreation and the City of Harrisonville including its officers, officials, agents, volunteers and employees (hereinafter collectively referred as "Parties"). I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages, or loss that I may have, or which may accrue to me and arising out of, connected with, or in any way associated with my use of the facilities. The member is hereby given permission to use the Facilities as outlined, subject to the Terms and Conditions of this Agreement contained herein and attached hereto all of which form part of this Agreement. The undersigned has read and on behalf of the member(s) agrees to be bound by the Terms and Conditions contained herein and attached hereto, and hereby warrants and represents that he/she executes this Agreement on behalf of the member(s) and has sufficient power, authority, and capacity to bind the Licensee with his/her signature.

Primary Contact Signature:

Date:

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