



100 Blue Hole Lane, P.O. Box 2027, Wimberley, TX 78676 Park (512) 660-9111

# SEASON PASS REGISTRATION FORM

Please print clearly

PLEASE NOTE: Each person ordering a Season Pass **MUST** fill-out and return this Season Pass Registration Form.

Youth (4-12yrs) \$30     Junior (13-17yrs) \$50     Adults (18-59yrs) \$50     Senior (60+) \$30

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL: \_\_\_\_\_

IN CASE OF EMERGENCY CALL (NAME & CONTACT #): \_\_\_\_\_

AGE \_\_\_\_\_ SEX \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SEASON PASSHOLDER LAST YEAR?    YES                   NO

## THE PURCHASER AND USER OF THIS SEASON PASS AGREES TO THE FOLLOWING CONDITIONS:

1. Carefully read and sign the enclosed Release of Liability.
2. Abide by rules and regulations posted at the Blue Hole Regional Park site.
3. The Season Pass is not transferable and non-refundable.
4. The Season Pass shall be used only by the person registered for the Season Pass.
5. The City of Wimberley reserves the right to suspend or revoke the Season Pass for misconduct or failure to adhere to the above conditions.

*I hereby agree to indemnify and hold harmless the City of Wimberley, its agents, officers, volunteers and employees of, from any and all liability for personal injuries or damages I may hereafter sustain while engaging in swimming activities at the Blue Hole Regional Park. I also give my permission for any photos/videos of these activities taken during the facility open hours to be used for future departmental promotional materials. The individuals mentioned on this form have my permission to engage in swimming activities at the Blue Hole Regional Park.*

<b>Print Name</b> _____	<b>Signature of Pass Holder/Parent/Guardian if Minor</b> _____	<b>Date</b> _____
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I understand that refunds are not given on season passes for any reason; including weather conditions, ability to use the facility, or conflict with facility guidelines. I understand that the park is closed periodically for special events and that I may not be able to access the park during such times. I accept the terms and conditions of this sale.

X \_\_\_\_\_  
INITIALS OF HOLDER

### FOR OFFICE/SUPERVISOR USE ONLY

Payment Amount: \_\_\_\_\_ Payment Type: \_\_\_\_\_ Received & Processed By: \_\_\_\_\_

Date Received: \_\_\_\_\_ Check # \_\_\_\_\_

PASS NUMBER # \_\_\_\_\_