



WEEKLY/DAILY MEMBERSHIP APPLICATION

Name: _____ Spouse: _____

Family Members: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

INDOOR POOL ONLY

	<u>WEEKLY</u>	<u>DAILY</u>
Adult	\$25.00	\$10.00
Additional Adult	\$20.00	\$10.00
Child	\$15.00	\$6.00
Additional Child	\$10.00 Each	\$6.00 Each

www.georgiaaquaticcenter.com

GUEST/VISITOR RELEASE AND INDEMNIFICATION

In consideration of being allowed to enter the pool, slides, diving board and play areas and or participate in activities at the Georgia Aquatic Center of Watkinsville, GA, the undersigned, on his or her behalf, and on behalf of the participant (s) identified below, acknowledges, appreciates and agrees to the following conditions:

I represent that I am the parent or legal guardian of the participant(s) named below, or I have obtained permission from the parent/legal guardian of the participant(s) named below to execute this agreement on their behalf. I agree that the participant(s) named below and I shall comply with all stated and customary terms, posted signs, and verbal instructions as condition for participation in any activity, party and/or program at Georgia Aquatic Center. In addition, if I observe any hazard during our participation, I will bring it to the attention of the nearest Georgia Aquatic Center employee or official immediately.

I am aware that there are inherent risks associated with participation in Georgia Aquatic Center activities, programs, and parties, and/or use of the diving board, play areas, pools and slides and I on behalf of myself and the participant(s) named below, knowingly and freely assume all such risk, both known and unknown, including those that may arise out of the negligence of other participants.

I, for myself and the participant(s) named below, and our respective heirs, assigns, administrators, personal representatives, and next of kin, hereby release and hold harmless Get In The Swim, LLC as operator of Georgia Aquatic Center of Watkinsville, GA, their landlord, their affiliates, officers, members, agents, employees, other participants, and sponsoring agencies from and against any and all claims, injuries, liabilities or damages or arising out of or related to our participation in any and all Georgia Aquatic Center programs, activities, parties, the use of the play areas, pools and slides.

Parent/Guardian/Participant Signature:_____

Date:_____

Parent/Guardian/Participant Printed Name:_____

Address:_____ City:_____ State:_____ Zip:_____

Emergency Contact Phone #:_____

Email:_____