

First Name	Last Name	Birth date (m/d/yyyy) if under 16	Price
18.			\$860
19.			\$905
20.			\$950

I agree that the above information is correct and accurate. I, as well as any and all members listed on this application, agree to follow all rules of the Norris E. Rock Memorial Pool as outlined while I (we) attend the pool or any other related activity at the pool. I understand that if any said member listed on this application breaks any rules of the Norris E. Rock Memorial Pool that their membership may be revoked by pool personnel. I, as well as any and all members listed, hereby waive and release all rights and claims for damages against the Town of Bloomsburg and its employees, and the Norris E. Rock Memorial Pool of any injuries suffered before, during, and after pool hours. I also agree to indemnify, defend, save and hold harmless the releases and each of them from any loss, liability, damages, or cost they may incur arising from the user's operation at the Norris E. Rock Memorial Pool premises, including, but not limited to the use of Bloomsburg equipment or facilities, regardless of whether such harm is caused by the sole or partial fault of the releases.

**\*Anyone under 10 must be accompanied by someone 16 years of age or older.\***

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**STAFF USE ONLY:**

Initials: \_\_\_\_\_ Credit Card ☐ Check ☐ Cash ☐ Amount: \$ \_\_\_\_\_