

Birmingham Swim League

Pool Membership

Last Name _____ First Name _____

2nd Badge _____

3rd Badge _____

4th Badge _____

Address _____

Home Phone _____

Work/Cell Phone _____

Obtaining (checkmark):

Seasonal Pass Vestavia Hills Resident _____ \$200.00

Seasonal Pass Non-Resident _____ \$250.00

Additional family members _____ \$25.00 each

Sr. Citizen Pass _____ \$120.00 (62 years and older)

Punchcard Pass _____ \$60.00 (15 visits)

Amount paid today _____

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Release and Indemnity

As a condition for, and in consideration of, the participation by the above named in the Birmingham Swim League Wald Park pool programming, the undersigned does hereby release Birmingham Swim League, Vestavia Hills and all affiliated and associated organizations, together with their respective trustees, directors, officers, agents, representatives and employees, of and from any and all claims and demands of any kind or nature whatsoever arising out of or in any way related to participation by the above named in the Birmingham Swim Wald Park pool programming, including, but not limited to, claims and demands for any personal injury or death, which the above named may suffer or incur as a result of participation in such program whether or not caused by the negligence or wrongful acts of Birmingham Swim League, Vestavia Hills and/or their affiliated and associated organizations, trustees, directors, officers, agents, representatives and employees. I agree to hold Birmingham Swim League, Vestavia Hills and their affiliated and associated organizations, trustees, directors, officers, agents, representatives and employees free and harmless from any claim or expense that may arise due to participation in Birmingham Swim League Wald Park pool programs. I do further agree to indemnify and hold harmless each of them, of and from any and all claims, demands or actions of any kind or nature whatsoever arising out of any injury or damages incurred or caused by the above named. THIS IS A FULL RELEASE OF ALL CLAIMS AND AGREEMENT TO INDEMNIFY ON BEHALF OF MYSELF, MY SPOUSE, AND MY/OUR CHILD/CHILDREN.

X Signature: _____ **Date:** _____