

Cressona Pool Season Pass Application

Phone: (570) 366-1190 (Recreation Office)

Phone: (570) 516-8885 (Cressona Pool)

Email: info@bluemountainrec.com

Please fill out the form completely, including the full names of all members who are to be issued a season pass under this application. This application is to be used for families as well as individuals. Please give the ages of all children, as well as their names, if other than the name of the applicant. *In order to ensure fairness, this will be monitored carefully, and the Blue Mountain Recreation Commission reserves the right to question and deny/revoke any membership for falsifying this information.*

Name of Applicant: _____

Address: _____

City, State & Zip Code: _____

Primary Phone: _____ E-mail Address: _____

Emergency Contact Person: _____ Emergency Phone: _____

Borough or Township of Residency: _____

NAME OF PERSONS TO RECIEVE PASSES (INCLUDING APPLICANT)

Member ID	Name	Date of Birth	Adult?	Child?	Student/Senior?

Please note that there is no charge for tickets for children 2 and under with a paid adult. For everyone's safety all children under 12 must be accompanied by an adult or teenager that is at least 15 years of age who will supervise them at all times.

By voluntarily choosing to enter this pool facility, you agree that you understand and acknowledge the highly contagious nature of the novel coronavirus and COVID-19 and you voluntarily assume the risk that:

(i) you and your family, including you children, may be exposed to or infected by the novel coronavirus on site at this pool facility' (ii) that such exposure or infection may result in personal injury, illness, permanent disability, or even death." By voluntarily choosing to enter this pool facility, you agree to assume all of the foregoing risks and accept sole responsibility for any any injury (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that you, your children, or your family may experience or incur in connection with your attendance, or the attendance of your children or family, at the pool facility or their participation in pool activities. By voluntarily choosing to enter this pool facility you are expressly agreeing to release, discharge, covenant not to sue, and hold harmless the Borough of Cressona, the Blue Mountain Recreation Commission, and all of the board members, employees, representatives, agents, and contractors of those entities of and from all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to your use of or attendance at the pool facility and your childrens' use of or attendance at the pool facility. You also understand and agree that the foregoing release includes any claims based on the actions, omissions, or negligence of the Borough of Cressona, the Blue Mountain Recreation Commission or any of the board members, employees, representatives, agents, or contractors of those entities, whether a COVID-19 infection occurs before, during, or after participation in pool facility activities.

Staff Use Only

Date: _____

Payment Type: Check

Cash

Credit Card

Payment Amount: _____

Resident or Non-Resident *

**** Falsification of any information will result in termination of membership ****

**** No refunds on season membership ****

Signature: _____ Date: _____