

ATLANTIS SWIM AND SPORTS COMPLEX, INC.

3905 Carter Road • Owensboro, KY 42301

- APPLICATION FORM -

I hereby make application for a season pass or passes to the Atlantis Swim and Sports Complex, Inc.

Date _____ Name _____ Phone _____

E-Mail _____

Address _____ City _____ State _____ Zip _____

No. Desiring Season Pass _____ First & Last Names and Ages _____

CONDITIONS OF PASS HOLDER

1. Pass is to be presented at gate upon entering complex. Anyone else caught using the pass besides the person that card is issued to will result in IMMEDIATE LOSS OF SEASON PASS. Anyone receiving a season pass under false pretenses can be punished by law.
2. No running or rough play. No foul language.
3. Anyone caught defacing or damaging club property or using rough or dangerous actions will result in loss of season pass. Anyone appearing to be intoxicated or under influence of drugs will be asked to leave.
4. Weather permitting, pool hours will be 11:00 a.m. - 7:00 p.m. Monday thru Thursday; 11:00 a.m. - 6:00 p.m. Friday & Saturday & Sunday.
5. Swim attire only, no cutoffs please.
6. Sign-up for swim lessons will be announced and posted.
7. No refunds after opening date.
8. Loss of season pass card will result in a \$15.00 charge for new card.

In consideration of being permitted to enter Atlantis Swim and Sports Complex, Inc. and to use its facilities, the undersigned, ("Releasors"), for themselves, legal representatives, heirs and assigns, hereby release, waive and discharge Atlantis Swim and Sports Complex, Inc., its shareholders, directors, officers and employees, ("Releasees"), from all liability to the Releasors for any and all loss or damage, and any claim or damages resulting therefrom, on account of injury to Releasors' person or property even injury resulting in death of any Releasor, occurring at the facility for which this application is made, whether caused by the negligence of Releasees or otherwise.

Releasors agree to indemnify the Releasees from any loss, liability, damage or cost they may incur due to injury of Releasors' minor children, or other persons in their household, or their guests, at the facility, arising out of their use of Releasee's, Atlantis Swim and Sports Complex, Inc., facility as authorized by this application.

I understand all the above conditions of the season pass.

SIGNATURE _____ DATE _____

MAKE CHECK PAYABLE TO: ATLANTIS SWIM AND SPORTS COMPLEX, INC.

**SEND CHECK AND ORIGINAL COPY OF APPLICATION TO:
ATLANTIS SWIM AND SPORTS COMPLEX, INC., 3905 CARTER ROAD, OWENSBORO, KY 42301.
THANKS, MANAGEMENT.**