

# EMERGENCY INFORMATION/POOL APPLICATION - DENVER COMMUNITY POOL

<b>LAST NAME:</b>		<b>TELEPHONE NUMBER: (    )</b>
<b>ADDRESS:</b>		
<b>FIRST NAME:</b>	<b>AGE:</b>	<b>MEDICAL CONDITIONS, ALLERGIES, ETC. :</b>

## LIST PERSONS TO BE NOTIFIED IN THE EVENT OF AN EMERGENCY

<b>NAME:</b>		
<b>PHONE: (    )</b>	<b>(    )</b>	<b>(    )</b>

In consideration for being permitted access to the Denver Community Pool (DCP), the undersigned agrees on behalf of themselves or their minor children or, if a Household Pass, for all other family members and guests included in the membership to the following: 1. To make use of the DCP with full knowledge that such use could result in potential injury, death, or personal property damage. 2. To assume all risks and responsibilities associated with any injuries, death, or personal property damage suffered in conjunction with the use of the DCP. 3. To indemnify and hold harmless the DCP, the Ephrata Recreation Center, the Borough of Denver, its departments, employees, agents, and volunteers for personal injury, death, or property damage to other parties resulting from or associated with the use of the DCP. The risk of exposure to Covid-19 may exist.

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**Signature** **Date**

<b>Office Use Only:</b>	<b>Pass Number:</b> _____
<i>Denver Pool: Household Group Pass+1 / *Senior (65+) / Adult / Student / Denver Swim Team-Student / Pre-K / Evening &amp; Weekend</i>	
<i>Non-Swimmer Sr. Citizen / Employee-Council</i>	
<b>Pool Share Pass:</b> <i>Pool Share Household Group / Pool Share Pass - Adult / Pool Share Pass - Student</i>	