



# Topton Memorial Pool 2021 Season Pass Form

205 S Callowhill St  
Topton, PA 19562  
Office: 610-682-2541  
Pool: 610-682-2191

Family Last Name		
Address		
City	State	Zip
Phone Number	Alt Phone Number	
Email		
<p>Proof of the information on this form such as IRS forms, Driver's License, Birth Certificate, etc. may be required. Falsification of information will result in revoking your membership with no refund of money paid.</p>		

First Name	Age as of 05/29/21	Date of Birth	Pass Type	Resident	Non-Resident
			Family	\$200	\$285
			Adult (18+)	\$135	\$180
			Child (6-17)	\$110	\$145
			Pair (NEW)	\$150	\$200
			Senior (65+)	FREE	\$55
			Caregiver	Add \$50	

Family is defined as two parents and dependent children (6-17) who reside in the same residence. Pair is defined as 2 partners (spouse or significant others) who reside in the same residence OR 1 parent with 1 dependent child who reside in the same residence. Caregiver Pass grants access to pool for purpose of providing care to a designated pass holder. Daily membership or admission is required to access pool when not in caregiver role. Topton Torpedo Swim Team members receive Resident rates.

**\*All Pool Pass tags are required and are to be kept year to year. Replacement tags are \$2.00 \***

**WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK** Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. In the event of an emergency, I authorize borough officials to secure, from any licensed hospital physician and/or medical personnel, any treatment deemed necessary for me or my minor child's immediate care. Participants and parents/guardians of minor participants are solely responsible for any and all expenses associated with emergency medical treatment, including but not limited to, transportation services to the nearest available medical facility/provider or to an alternative medical facility/provider requested by the participant or parent/guardian. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against Topton Borough, including its officials, agents, volunteers, and employees (hereinafter collectively referred to as "the borough"). I do hereby fully release and forever discharge the borough from any and all claims for injuries, damages or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward, arising out of, connected with, or in any way associated with this program/activity.

**I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering a minor participant, I further attest that I have read the above to my minor child/ward.**

**By signing below I agree to follow all posted pool rules and abide by the direction of all pool and Borough staff.**

X \_\_\_\_\_  
Signature (must be 18 or older)

\_\_\_\_\_  
Date

**Payment Information:** Amount Paid \_\_\_\_\_ Date \_\_\_\_\_ Credit Card / Cash / Money Order / Check # \_\_\_\_\_



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## Topton Memorial Pool COVID-19 Waiver

Effective May 1, 2021

In consideration of the use of the Borough of Topton swimming pool and associated facilities, I hereby, for myself, and, if applicable, any and all persons listed on the 2021 seasonal pass, knowingly and voluntarily enter into this COVID-19 Waiver and Release of Liability and hereby waive any and all rights, claims, or causes of action of any kind whatsoever if I or any person listed on the 2021 seasonal pass contract COVID-19 as a result of the use of the Pool and facilities; and further, I do hereby release and forever discharge the Borough of Topton for any physical, mental, or medical injury, including, but not limited to, death or damages, that I, or any person listed on the 2021 seasonal pass may suffer if I/we contract COVID-19 while using said Pool and facilities. I am voluntarily using said Pool and other facilities and permitting those persons listed on the 2021 seasonal pass to use said Pool and other facilities recognizing that either I, or those persons listed on the 2021 seasonal pass, may contract COVID-19 from other patrons or staff of the Pool and the facilities and do so entirely at my own risk and risk to those persons listed on the 2021 seasonal pass. I agree to indemnify, defend and hold the Borough of Topton, its officers and employees, harmless against any and all losses, damages, liabilities, claims (including, but not limited to, third party claims), demands, suits, actions, proceedings, judgments, obligations, penalties, costs or expenses including without limitation, attorney fees, court costs, consequential damages and punitive damages, paid or suffered or incurred which arise directly or indirectly out of or are in any way connected with my/our use of the Pool and facilities as it relates to COVID-19.

The Borough of Topton has implemented rules, guidelines and procedures in accordance with the guidelines of the Centers for Disease Control and Prevention (CDC) and the Pennsylvania Department of Health (DOH), which are subject to change from time to time, to facilitate use and enjoyment of the pool and mitigate, to some extent, the risk of COVID-19 exposure. Because of the possibility of changes in conditions or CDC/DOH or other health guidelines or state or federal regulations or directives, the signer acknowledges that the Pool and/or associated services, programs, or facilities may be shut down or be available for limited hours for an indeterminate period of time, and that signer shall not be entitled to any refund of any sum paid, regardless of the length of shutdown or limited hours. Further, in the event that you, your guest(s), or family members, who have used Pool facilities within the prior 14 days, receive a positive test result for COVID-19, you shall immediately report the test result to the Borough Office.

X \_\_\_\_\_  
Signature (must be 18 or older)

\_\_\_\_\_  
Date