



Butte House Road & Acacia Avenue
Sutter, California

<p>Individual Season Pass</p> <p>Membership \$90 for one person (1)</p> <p>Non-Membership \$100.00 for one person (1)</p>	<p>-Admission for one- for the 2024 season -Not valid for special events -2 individual activity trial passes of your choice</p>
<p>Family Season Pass</p> <p>Membership \$180.00 for family of four (4) Additional members - \$45.00</p> <p>Non-Membership \$200.00 for family of four (4) Additional members - \$50.00</p>	<p>-Admission for family of 4- for the 2024 season -Not valid for special events -2 individual activity trial passes of your choice</p>

FAMILY NAME: _____

Name (s):	Ages:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Email:	Cell Phone Number:
Address:	Phone Number:
Emergency Contact:	Phone Number:

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RELEASE AND WAIVER OF LIABILITY (This is a legal and binding contract.)

“I am aware that accidents can happen around and in a swimming pool, and I or (my child/children/dependents) am voluntarily participating in the activities with knowledge of the dangers involved and hereby accept any and all risks of injury. I have carefully read this release and waiver and fully understand its content. I also understand that if I or (my child/children/dependents) do not follow the rules of the Morehead Family Community Pool and do not act in accordance with the instructions of the managers or lifeguards that I and/or my child(ren) may be asked to leave the premises. I fully understand that the managers have the duty to close the pool early in the event of extreme weather, water quality problems and/or low attendance (less than 12 swimmers) as agents of the SYO board. I am aware that this is a release of liability, including asserted negligence and is a contract between our family (including our guests) and the Sutter Youth Organization and its board members. I am signing this of my own free will. I agree that in the case of an emergency, illness and/or injury that the supervisor on duty has my permission to authorize emergency treatment for my minor age children.

I hereby give my consent to Morehead Family Community pool to photograph, film, videotape and then use, reproduce and publish said images of me and/or my children.”

Signature of Member

Date

Date of purchase: _____

Receipt # _____

Initial: _____