



2020 Punch Card Application/Pass Terms

Parent/Guardian (first and last name)	E-Mail Address
Address	Phone & Carrier if Cell #
City and Zip Code	

Punch Card Applicant & Parent/Guardian Information

Members	Circle Punch Card Type & Enter Name (first, middle, last)	Date of Birth	Male	Female
Parent/Guardian(Required)	Adult/Senior			
Participant #1	Youth/Adult/Senior			
Participant #2	Youth/Adult/Senior			
Participant #3	Youth/Adult/Senior			
Participant #4	Youth/Adult/Senior			
Participant #5	Youth/Adult/Senior			
Participant #6	Youth/Adult/Senior			

Emergency Contact (non-household member)

Name		Relationship	
Phone #		Alternate Phone #	

Release of Claims

In consideration of the opportunity to engage in recreational activities with the City of Tipp City, the undersigned hereby waives, releases, holds harmless, and indemnifies the City of Tipp City and the Tippecanoe Family Aquatic Center, their employees, agents and independent contractors, for and from any and all claims for damage or personal injury to me, my spouse, caregiver, or my dependents. The undersigned further assumes the risk of all conditions in and about City of Tipp City and Tippecanoe Family Aquatic Center property, both real and personal, and waives any and all specific notice of the evidence of such conditions, if any. Furthermore, this release bars claims by the undersigned's spouse, caregiver, children, heirs, assigns, executors, and administrators. I understand that photographs and/or videotape of me or my family members participating in or using a Tippecanoe Family Aquatic Center program or facility may be taken for use in promoting City of Tipp City activities and facilities. I hereby give my permission to use such photographs without compensation to me.

I have received & read a copy of the Rules & Regulations & Pass Agreement for the Tippecanoe Family Aquatic Center.

Signature of Applicant	Date
Parent/Guardian signature of any dependent under 18 years old	Date