

	Office Use Only	
Cash:	Check:	Number:
Credit:	Check #:	Date:

Season Pass Information

Name _____

Address _____

City, ST, Zip _____

Phone # () _____

Email _____

Names of Other People on Pass and Release of Liability

1. _____ **Relation** _____

2. _____ **Relation** _____

3. _____ **Relation** _____

4. _____ **Relation** _____

5. _____ **Relation** _____

6. _____ **Relation** _____

7. _____ **Relation** _____

8. _____ **Relation** _____

On this _____ day of _____, _____ intending to be legally bound hereby, the undersigned agrees and does hereby release from liability and to indemnify and hold harmless Spring Valley Beach Water Park, and any of its employees or agents representing or related to Spring Valley Beach Water Park. This release is for any and all liability for personal injuries obtained by the undersigned and all persons (listed above) on the season pass purchased by the undersigned. The undersigned and all persons on his/her season pass further agrees to abide by all the rules and regulations promulgated by Spring Valley Beach Water Park. The undersigned assumes all responsibility for persons listed on this pass.

Responsible Party

Date Signed

Signature of Responsible Party