

# Lake Park Recreation Association 2019 Dog Daze Pass

Valid July 26, 2019 through September 8, 2019

- FAMILY (in same household) **\$200**
- COUPLE (in same household) **\$150**
- INDIVIDUAL ADULT **\$100**
- SENIOR COUPLE **\$110**
- INDIVIDUAL SENIOR **\$ 85**

Total enclosed \$ \_\_\_\_\_

## Adult Member #1:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_

## Adult Member #2:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## Adult Member #3:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## Please list any child members below (if applicable):

First Name	Last Name	Date of Birth

This is a guest pass and NOT a pool membership. This pass does not allow for additional guests. Pool access for those on the guest pass only. One Dog Daze pass per family, couple, or individual.

We hope that you enjoy the club and facilities with this pass and will consider becoming a member of the Lake Park Recreation Association for the 2020 Season. Prior to visiting the club please become familiar with the club rules as posted on <http://lakeparkpool.com/lake-park-recreation-association/rules-2/>

Please also read and sign the **Lake Park Recreation Association Assumption of Risk and Medical Permission and Release** on the back of this form.

**Make check payable to LAKE PARK RECREATION ASSOCIATION. ALL PAYMENTS ARE NON-REFUNDABLE.**  
**Mail membership form and payment to: Lake Park Rec. Association, 6333 Lakeland Dr., Raleigh, NC 27612.**

If you have any questions please contact our Membership Chair at [LPKMembership@gmail.com](mailto:LPKMembership@gmail.com)

*Thank you for your support of this important hub of our community. See you at the pool!*

## **Lake Park Recreation Association Assumption of Risk and Medical Permission and Release**

It is understood and acknowledged that injury may be sustained because of the potentially hazardous nature of club activities. I freely, knowingly, and willingly accept and assume risk of injury that might occur from participation in activities at the Lake Park Swim Club. In the event of such injury to myself or my child, I hereby give permission and consent for treatment deemed necessary for a condition arising during participation in related activities, including medical treatment recommended by a medical doctor. I agree to take responsibility for payment of the usual charge for such treatment. I release the Lake Park Recreation Association and Lake Park Swim Club, its employees, agents, volunteers and assignees from any and all injuries, illnesses, and damages sustained as a result of participation in activities held at the Lake Park Swim Club. This release applies to any present or future injuries and it binds my heirs, executors, and administrators.

I have read this release and all its terms. I voluntarily acknowledge its significance.

Signature \_\_\_\_\_

Date \_\_\_\_\_