

Bailey's Grove Pool Club

Membership Registration and Liability Waiver

Membership Information

Please print clearly and complete the following information:

Type of membership:

- Individual 2 Person Family
 Full Season Monthly From _____ to _____

Method of Payment:

- Cash Check: Number _____

Name and Address (please print):

Name: _____

Street: _____

Phone: _____

Name of all members:

Age (if under 18):

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |
| 6. | _____ | _____ |

Liability Waiver:

I (We) hereby release, waive and will hold harmless, the Bailey's Grove Pool Club and its board members from any and all liabilities, civil or criminal action resulting from my (our) use, including my (our) children, relatives and guests use of these facilities, pool and equipment at the Bailey's Grove Pool Club. **I (We) have read and discussed the rules and regulations with all individuals (listed above) included in my membership and agree to abide by them.**

Member Signature – Date

Member Signature – Date