

Ardmore Avenue Pool Guest Registration

Member Name _____ Resident Non Resident

Date of Visit _____ Time of Visit _____

Pool Guest Fees will not be applied to any future pool membership purchases.

Guest(s) Please list all guests visiting with you today.

_____	_____	<input type="checkbox"/> Resident	<input type="checkbox"/> Non Resident
Name	Age		
_____	_____	<input type="checkbox"/> Resident	<input type="checkbox"/> Non Resident
Name	Age		
_____	_____	<input type="checkbox"/> Resident	<input type="checkbox"/> Non Resident
Name	Age		
_____	_____	<input type="checkbox"/> Resident	<input type="checkbox"/> Non Resident
Name	Age		
_____	_____	<input type="checkbox"/> Resident	<input type="checkbox"/> Non Resident
Name	Age		
_____	_____	<input type="checkbox"/> Resident	<input type="checkbox"/> Non Resident
Name	Age		
_____	_____	<input type="checkbox"/> Resident	<input type="checkbox"/> Non Resident
Name	Age		

WAIVER AND ACKNOWLEDGMENT

I have read the Rules and Regulations for the pool membership, agree to inform my guests of these Rules and Regulations and agree to obey them myself. I/We hereby release the Township of Lower Merion, its officers, agent, employees, sponsors, and organizers from all liability for any damage and injury to any person or thing in connection with use of the Township's swimming pool facility except that arising from such person's willful or malicious misconduct. Furthermore, I hereby agree to refrain from bringing suit against any of the above named on my behalf of those guests listed above as a result of any such damages or injuries to any person or thing that occurred in connection with the Township's swimming pool facility.

Member Signature

FOR POOL OFFICE USE ONLY

Payment Amount _____ Check Cash

Received and Verified for Accuracy By: _____