



CITY OF COVINGTON PARKS & RECREATION

2019 POOL APPLICATION

POOL SEASON: JUNE 8 – AUGUST 4, 2019

To register for the 2019 pool season, please bring this application and a valid I.D. or proof of residency, the first time you visit a Covington pool. Once registered, **residents and their dependents will use their date of birth to check-in throughout the season.** No laminated passes will be handed out.

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|---------------------------|-----------------------|---|--|
| Name: | | | |
| Address: | | | |
| Phone: | Date of Birth: | Email: | |
| *Gender: | *Race: | (*Optional: For Statistical Purposes Only*) | |
| Emergency Contact: | | | |
| Emergency Phone: | Relationship: | | |

| Dependent Name: | Date of Birth: | *Race: (Optional) | Registration #: (Office Use Only) |
|------------------------|-----------------------|------------------------------|--|
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All City of Covington pools and the City Waterpark (“city pools” or “facility”) are sponsored by the Covington Recreation Department (“department”). The department hires qualified individuals to manage these facilities. These individuals have full authority to operate the facility at their discretion within department guidelines and/or rules. Patrons who do not comply with department guidelines and/or rules and display inappropriate conduct will be removed from the facility and may not be permitted to return. The city pools are offered for recreation and limited social purposes only.

Initials: _____

I have read all the rules and regulations regarding pool conduct and agree to abide by these rules. I also understand I may appeal to the Office of the City Manager regarding the refusal to issue or revocation of my pass.

Initials: _____

I, for myself and/or as parent or guardian on behalf of the dependents listed above who are minors, in consideration of permission granted to me and such minors by the City of Covington, Kentucky, **AGREE** at my/our own risk, to participate in the use of the City of Covington's city pools or facility, recognizing that such participation involves the risk of physical injury.

I hereby agree to **WAIVE, RELEASE, AND DISCHARGE** the City of Covington, its employees, elected officials, officers, agents, insurance carriers and representatives from any and all liability arising from any and all claims, demands, actions, judgments, and executions which I, on behalf of myself and on behalf of any above-listed minors, ever had or now has or may have by which I, any above-listed minors, or my/their heirs, executors, administrators or assigns may have, or claim to have, against the City of Covington, Kentucky, its elected officials, agents, officers or employees for all injuries, known or unknown, and injuries to property, caused by or arising out of participation and use by myself or such minors of the city pools or facility.

I also agree to **INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE** the City of Covington, its employees, elected officials, officers, agents, insurance carriers, representatives and any other persons affiliated with or employed by Covington from any and all liabilities or claims arising out of use of the city pools or facility.

I understand and agree that I may be removed at any time from the facility due to my actions, attitude, or conduct.

FURTHERMORE, I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL ON MY BEHALF AND, IF APPLICABLE, ON BEHALF OF MY MINOR CHILDREN. I AM SIGNING IT FREELY AND VOLUNTARILY AND I UNDERSTAND I DO NOT HAVE TO SIGN IT. I UNDERSTAND THAT I HAVE A RIGHT TO REVIEW THIS DOCUMENT WITH MY ATTORNEY AND HAVE BEEN ENCOURAGED TO DO SO BY THE CITY OF COVINGTON.

SIGNATURE

DATE