CITY OF TROY PARKS AND RECREATION

Troy Community Center Group Pass Application

3179 Livernois, Troy, MI 48083, 248-524-3484

PRIMARY APPLICANT

Name: _____ _____ _____
Last Name First Name Group/Organization

Address: _____ _____ _____
Street City Zip Code

Phone: ( ) ( ) _____
Home Work Email Address

ADDITIONAL GROUP MEMBERS (Complete additional form if more group members)

Name	**Address (Street, City, State, ZIP)**

PASSHOLDER AGREEMENT

1. I understand that participation in any available activity and use of the equipment and facilities within the Troy Community or Family Aquatic Center is at my sole discretion and judgement and is at my own risk. I will appropriately and safely limit my activities and those of my group, to take into account my/our physical condition.
2. I hereby voluntarily release and hold harmless the City of Troy from all liability for all types of damages and injuries, whether foreseeable or not, sustained by myself and other group members while participating, watching, and traveling to or from the facilities.
3. Our group understands the attached policies and agree to abide to their terms and conditions.
4. I understand that admission is for general, open use of the Community Center, and that there will be times when access to the center, or parts thereof, will not be available.
5. I verify that the information given in this application is true and correct.

Signature: _____ Date: _____
Must be 18 years or older

OFFICE USE ONLY Amount Paid:_____ ___Cash ___Check (#) ___MC/Visa

Rev 2/09