

# 2018 WATER PARK SEASON PASS

Season runs May 26<sup>th</sup> through September 3<sup>rd</sup>, 2018



## MEMBERS:

Family:  
*Staff Family: \$75*

### Purchase Date:

January – April \_\_\_\_ \$350  
May – July \_\_\_\_ \$400

### Purchase Date:

Individual: January – April \_\_\_\_ \$200  
*Staff Ind: \$0* May – July \_\_\_\_ \$250

## NON-MEMBERS:

January – April \_\_\_\_ \$525  
May – July \_\_\_\_ \$575

Individual: January – April \_\_\_\_ \$325  
May – July \_\_\_\_ \$375

Main Contact Name: \_\_\_\_\_ DL or SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Best Contact Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Additional Family Members: Name: \_\_\_\_\_ DOB: \_\_\_\_\_

(List if NM only) Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### Terms of Use:

By signing this form, I agree to abide by all policies and safety standards of the YMCA Water Park as posted at the Water Park, including but not limited to: slide height restrictions, proper swimwear, bag searches, no outside food/drink, and other prohibited items. Smoking is strictly prohibited on Water Park grounds.

### Informed Consent – Waiver of Liability

In consideration of being permitted to utilize the YMCA Water Park for any purpose, including, but not limited to, observation or use of facilities or equipment, the undersigned for himself, herself, and any personal representatives, executors and administrators, WAIVE, RELEASE, DISCHARGE AND CONVENEANT NOT TO SUE the Rappahannock Area YMCA, Inc., their Directors, Officers, employees, and their agents for any injuries and other damages which he/she may suffer in connection with his/her participation in the YMCA Water Park. I understand that this release includes any claims based on negligence, action or inaction of the YMCA staff, director, members, and guests.

*I agree to all terms of use, payment terms and understand the terms of the Waiver of Liability.*

**SEASON PASS HOLDER PRIMARY SIGNATURE:** \_\_\_\_\_ Date: \_\_\_\_\_

**Payment Terms**

**Those participants paying ahead for the Season (Fixed Term) will not be issued a refund for early cancellation.**

Electronic funds transfer is subject to the rules of the Wells Fargo Bank, N.A. and the participant agrees to be bound thereby. In no event shall a revocation of authority be effective with respect to entries the bank honors EFT transfer by charging the amount or when the charge is made to the specified charge card, the funds transfer or charge shall constitute the receipt of payment. Should any payment not be honored then it is understood that payment is to be made by the participant in the full amount plus a NSF fee. This agreement also allows the Association to initiate a reversing entry to a participant's account in the event an error occurs. The Rappahannock Area YMCA, Inc. is authorized to change the payment date or amount by giving the participant a 30-day written notice.

**Please initial the following:**

\_\_\_\_\_ MEMBERS, I agree to maintain an ongoing YMCA membership at the time of this purchase, and throughout the duration of the 2018 Water Park Season, to avoid upcharges to Non-Member rates.

\_\_\_\_\_ I authorize electronic funds to for payments on the 7<sup>th</sup> of every month

- January – May (5 payments)                      Monthly Amount: \_\_\_\_\_
- February – May (4 payments)                      Monthly Amount: \_\_\_\_\_
- March – May (3 payments)                      Monthly Amount: \_\_\_\_\_
- April – May (2 payments)                      Monthly Amount: \_\_\_\_\_

Or \_\_\_\_\_ Pay in Full (Only option for anyone joining after May 7<sup>th</sup>)

\_\_\_\_\_ I am a Member, so use my account on file for these **monthly** payments (must submit payment to staff if paying in full to the YMCA Welcome Center)

\_\_\_\_\_ Checking (Attach a voided check)

\_\_\_\_\_ Visa / MasterCard \_\_\_\_\_ Exp \_\_\_ / \_\_\_ CVV Code \_\_\_\_\_

**I have read and agree to all payment terms.**

**ACCOUNT HOLDER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

<b>STAFF USE ONLY</b>		
Staff Signature: _____	Date: _____	Receipt Attached? _____
ALERT ON ACCOUNT? _____ (Start 05/01/2018 • End 09/04/2018)		
<b>Processing instructions:</b>		
MEMBERS – If paying in full register as program and take payment. Apply alert to account. If doing payment plan verify all initials and signatures on form are complete and submit form to Gia for processing.		
NON-MEMBERS – Sell as membership. Change branch to "Water Park" and select Auto-Terminate. If paying in full, take payment. If choosing payment plan, leave balance on account and submit form to Gia for processing.		
ALERT should read: 2018 Water Park Season Pass – Family (or Individual)		