



**Milton Community Pool**  
**2021 Membership Application**  
**Public Swim Hours: Daily 12:30PM – 7:00PM**

**POOL MANAGEMENT RESERVES THE RIGHT TO CHANGE HOURS OF OPERATION, CLOSE PORTIONS OF THE POOL OR TO CLOSE THE POOL COMPLEX FOR WEATHER, ATTENDANCE, OR OTHER SAFETY CONCERNS WITHOUT NOTICE.**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Email** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Types of Memberships**

**Family - \$180.00** – includes parents/guardians and child(ren)/dependents living in the same household; after 5 individuals, there is an additional \$10/person fee. Any exceptions will be at the discretion of the pool manager.

**Adult - \$90.00** – anyone age 18 – 61

**Student - \$50.00** – anyone age 5 – 18 (college students are considered adults)

**Senior - \$65.00** – age 62+

**Membership Information**

**Full Name**

**Birth Date**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(CONTINUED ON REVERSE SIDE)

After 5 family members an additional \$10 is charged per person.

Full Name

Birth Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check here if there is any medical information which would facilitate emergency treatment for the holder(s) of this pass. Please attach a note to this form with all necessary information.

Amount Paid: \$ \_\_\_\_\_  Cash  Check

Staff completing form: \_\_\_\_\_

Signature \_\_\_\_\_

**\*\*Any applicant who provides false information on this form will have their season membership revoked.\*\***

**Should the Borough of Milton, its employees and/or elected officials have to limit the attendance capacity at the Milton Community Pool, at any time, or close the pool for periods of time to be in compliance with COVID-19 regulations and requirements by the State of Pennsylvania, Northumberland County, or the Borough of Milton's Requirements and Operating Procedures, there will be no Season Membership refunds available under any circumstance, and the Purchaser/Holder of the Season Membership must acknowledge that risk upon purchase, and accept that risk by signing the waiver/disclaimer below.**

**FROM the CDC: *There is no evidence that COVID-19 can be spread to humans through the use of pools. Proper operation, maintenance, and disinfection (e.g., with chlorine and bromine) of pools should remove or inactivate the virus that causes COVID-19.***

The Borough of Milton cannot prevent you and/or your child(ren)/dependents from becoming exposed to, contracting, or spreading COVID while utilizing the Milton Community Pool. Although vaccinations are available, it is unknown whether such vaccinations prevent against the presence of the disease entirely.

By entering the Milton Community Pool, you and/or your child(ren)/dependents hereby forever release and waive your right to bring suit against the Borough of Milton, its elected officials, employees, agents and staff, personnel and instructors; and release from all liability in connection with exposure, infection, and/or spread of COVID. Further, you understand that this waiver means that you are giving up your right to bring any claims including for personal injuries, death, diseases or property losses, or other loss, including but not limited to claims of negligence and give up any claim that you may have to seek damages, whether known or unknown, foreseen, or unforeseen.

\_\_\_\_\_  
Signature Date

For anyone under 18, attached waiver must be signed and dated by a parent or guardian.



**Milton Community Pool**  
**MINOR WAIVER AND RELEASE**  
**OF LIABILITY FORM**

**THIS FORM MUST BE SIGNED PRIOR TO MINOR'S USE OF THE MILTON COMMUNITY POOL**

In consideration of being permitted to use the swimming pool and other facilities within the pool complex, I do waive and release forever any and all rights for claims and damages I may have against the Borough of Milton, its elected officials, officers, agents, employees, representatives, staff, and volunteers, from and against any and all liability for any loss, harm, injury, damage, claims, demands, actions, costs, expenses, and any other liability of any kind, which may have or which may hereafter accrue to me, my child, or any other person I may be responsible for, directly or indirectly arising out of or in connection with my child's use of the Milton Community Pool and other facilities within the pool complex. I understand that my child(ren)/dependents are swimming at their own risk.

**I HAVE READ AND FULLY UNDERSTAND THE ABOVE WAIVER, RELEASE AND ASSUMPTION OF RISK AND FULLY UNDERSTAND THAT I FORFEIT SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER, RELEASE AND ASSUMPTION OF RISK AND SIGN IT VOLUNTARILY.**

Any person under the age of 18 years must have a parent or guardian co-sign this form.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Child(ren)/dependents under the age of 10 MUST be accompanied by a parent/guardian/babysitter the entire time they are at the Milton Community Pool. Unattended minors under the age of 10 will not be permitted within the swimming pool complex.**