

BEDFORD RECREATION AND PARKS POOL REGISTRATION

2021 POOL APPLICATION

PARK DISTRICT BEDFORD HILLS BEDFORD VILLAGE KATONAH

Family Name:	Home #:
Address (street,city,zip):	
Mailing Address (if different):	
Email:	Volunteer Organization _____ BHFD _____ BVFD _____ KFD _____ KBHVAC

First Name	Last Name (If different form above)	Date of Birth	Grade in September (If applicable)

Membership Type: **Fees: 3/30 – 5/6 @4 pm** **Fees starting: 5/6 @4pm**

<input type="checkbox"/> Family	<input type="checkbox"/> Adult	<input type="checkbox"/> Child	<input type="checkbox"/> Senior	<input type="checkbox"/> Adult Pay Tag	<input type="checkbox"/> Child Care Provider	Guest Discount Card
\$342	\$169	\$60	\$50	\$86	\$273	<input type="checkbox"/> Adult \$120
\$394	\$195	\$70		(+ \$15 @ gate)		<input type="checkbox"/> Child \$80

Swimming Pool Closings: Pools may close during the summer for special events (i.e.; swim meets) and weather-related instances. No refunds will be issued. Advance notice for special events will be posted and emailed when possible. **If your hamlet pool is closed due to a swim meet/event your membership entitles you to utilize any hamlet pool.**

General Release: My signature below indicates I have read, understand and will comply with all department rules and regulations and that all information I have provided is true and accurate. False information or violation of rules and regulations will lead to revocation of pool ID cards and loss of park/pool privileges. Furthermore, the undersigned hereby releases the town of Bedford, its Town Board, Recreation and Parks Department, employees and volunteers thereof, of any responsibilities should an accident or injury occur to the above named participant as a result of participation in the aforementioned program sponsored by the Bedford Recreation and Parks Department. I understand the department may use photos taken during events unless I notify them in writing.

Signature _____

Date _____

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**2021 POOL MEMBERSHIP
PAYMENT FORM**

Name:		
Address:	City:	Zip:
Home #:	Cell #:	
Email:		

METHOD OF PAYMENT:

CASH

CHECK # _____

Checks payable to: "Town of Bedford"

CREDIT/DEBIT CARD ** (2.7% additional fee)

** Credit Card information below is shredded after processing.

Credit Card #: _____ Exp. Date: _____

Cardholder Name: _____

Cardholder Signature: _____

Mail to:

Drop it Off:

Email to:

Bedford Recreation & Parks 425 Cherry Street Bedford Hills, NY 10507	Bedford Recreation & Parks Office 425 Cherry Street Bedford Hills, NY <i>Note: Silver mailbox outside office building's front door</i>	recreation@bedfordny.gov Subject: 2021 Pool Pass
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Office Use: Date received _____

BEDFORD RECREATION AND PARKS POOL REGISTRATION

ASSUMPTION OF RISK AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. As a result, federal, state and local governments and federal and state health agencies recommend social distancing as a means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Accessing Town facilities could increase the risk of contracting COVID-19. The Town of Bedford in no way warrants that COVID-19 infection will not occur through use of any Town pool, including any associated area or facility.

The Town of Bedford will, at a minimum, follow the guidance issued by the New York State Department of Health and/or Westchester County Department of Health for maintaining and operating pools and recreational aquatic spray grounds. These guidance requirements are subject to change but may include the following, in addition to other requirements: (i) mandatory screenings for employees; (ii) ensuring that individuals maintain a distance of at least six feet from other individuals at all times, unless they are members of the same household or family unit, or safety or the core activity requires a shorter distance; (iii) ensuring face coverings are worn when individuals are not in the water; (iv) limiting the maximum size of a single group of people on the premise or in the water; (v) limiting the occupancy of the premise and the pool; (vi) providing supplies for proper hand and respiratory hygiene; (vii) and enhancing cleaning and disinfection protocols. The failure to comply with any required protocols may result in the revocation of pool privileges.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to, or infected by COVID-19 by attending a Town pool, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the pool may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Town employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my attendance at a Town pool. On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless the Town of Bedford, its employees, agents, and representatives, of and from any claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of Town of Bedford, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after using any Town pool, including any associated area or facility.

Person Signing for Family _____

Signature of Family Participant: _____

Signature of Parent/Guardian (if minor): _____

Date: _____