

SEASON PASS REGISTRATION FORM

PARENTS NAME (FIRST & LAST): _____

ADDRESS: _____

CITY: _____

PHONE: _____

NAME: _____ DOB: _____

EMAIL: _____

NAME: _____ DOB: _____

EMAIL: _____

NAME: _____ DOB: _____

EMAIL: _____

NAME: _____ DOB: _____

EMAIL: _____

NAME: _____ DOB: _____

EMAIL: _____

NAME: _____ DOB: _____

EMAIL: _____

RESIDENT or NON – RESIDENT (CIRCLE ONE)

PASS TYPE: CHILD (2-12) _____ ADULT (13-59) _____ SENIOR (60+) _____

PARKING PASS: YES or NO PASS # _____ LICENSE PLATE # _____

AMOUNT OF PAYMENT: _____

METHOD OF PAYMENT: VISA/MC AMEX DISC GIFT CARD

CREDIT CARD #: _____ EXP: _____ CVV: _____

NAME AS IT APPEARS ON CARD: _____

EMPLOYEE FILING OUT REGISTRATION: _____ DATE: _____

(REVISED 11/29/18)

Season Pass Holder Waiver Form

In consideration of the purchase of a Sun Splash Family Waterpark Seasons Pass, I/We agree to abide by the Policies, Rules and Regulations of Sun Splash Family Waterpark, including but limited to the following:

- Children under 12 years of age must be accompanied by a person 18 year of age or older for admission into Sun Splash Family Waterpark.
- Season passes are NON-TRANSFERABLE and NON-REFUNDABLE.
- Season passes are not valid for admission to certain special events, in conjunction with group rates, or when the Waterpark is sold out for a group function.
- Any injuries must be reported to the First Aid Station. Use of the premises and the facilities at Sun Splash Family Waterpark shall be at the sole risk of the pass holder(s). I/We agree to indemnify, defend and hold harmless Sun Splash Family Waterpark and the City of Cape Coral, it's agents and employees from and against all claims, suits, losses, damages, injuries or expenses arising out of injury, loss or damage to any person or property resulting from any cause whatsoever while upon the premises of Sun Splash Family Waterpark.

Violation of park rules and regulations may result in your eviction from the Waterpark or revocation of your pass based upon the management's discretion, subject to the NO-REFUND policy.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____