



Lakeway Swim Center

2022 Membership Form

New Renewal

Last Name: _____ First Name: _____
 Address: _____ City: _____ State & Zip: _____
 Home Phone # _____ Cell Phone # _____
 Email Address: _____ Date of Birth: _____

***Leisure Pool Summer Season:** 5/28 - 8/14 including Saturday's & Sunday's 8/20, 8/21, 8/27, 8/28, 9/3, 9/4, Labor Day 9/5 12pm-5pm
 ***Lap Pool Summer Season:** 5/28 - 8/14 (Offseason Lap schedule 8/15-9/3) including Saturdays & Sunday's 8/20, 8/21, 8/27, 8/28, 9/3, 9/4, Labor Day 9/5 12pm-5pm
 ***PLEASE NOTE:** Due to COVID-19, the 'Summer' and 'Yearly' swim seasons are subject to change with or without notice based on guidance from state and local authorities. For the health and safety of our patrons and staff, certain restrictions may apply.

Summer Memberships	Resident	Non-Res	Amount
Child (3-10)	\$ 60	\$ 70	
Youth (11-17)	\$ 70	\$ 80	
Adult (18-54)	\$ 80	\$ 90	
Senior (55+)	\$ 70	\$ 80	
Family Fun Pass* (includes up to 2 Adults/Seniors & 2 Children ages 17 & under)	\$ 230	\$ 260	
Add'l Child (living at same address)	\$ 40	\$ 50	
Add'l Youth (living at same address)	\$ 50	\$ 60	
Add'l Adult (living at same address)	\$ 60	\$ 70	
Add'l Senior (living at same address)	\$ 50	\$ 60	
	SUBTOTAL		

Yearly Memberships			
Adult (18-54) Lap Swimmer: May 28, 2022 - May 26, 2023	\$ 320	\$ 355	
Senior (55+) Lap Swimmer: May 28, 2022 - May 26, 2023	\$ 295	\$ 330	
	TOTAL		\$

*Family Members (includes up to 2 Adults & 2 Children ages 17 & under living at the same address); DOB (Date of Birth)

1	DOB:	3	DOB:
2	DOB:	4	DOB:
Additional Family Members:		5	DOB:
		6	DOB:

Extended family/guests are required to pay the daily rate.
 Residents are those who reside within the City of Lakeway. This does not include The Hills, Bee Cave, Spicewood, or other surrounding communities.
 Residency can be proved by showing proof of address on a bill, driver's license, etc.

PAYMENT: Cash _____ Check # _____ Credit Card # _____ Exp. _____ CVV _____

INDEMNITY: Member agrees that City will not be liable for any property damage, personal injury or loss of life occasioned by or in connection with the use of the premises, except as may be provided by applicable law with respect to the sole negligence of agents of the City. Member hereby assumes full responsibility for the acts and conduct of all invitees of Member and all persons admitted on the premises by Member, its agents, employees or representatives. Member hereby indemnifies the City from any claim, demand, cause of action, damages, and liabilities, including reasonable attorneys' fees incurred in defending same, which may arise out of or be caused by or in any way connected with Member's use of the premises by Member, its invitees, agents and employees, except as to any such claim, damage, liability of loss caused by the negligence or willful misconduct of the City or any agent of the City.

COVID-19:
 The undersigned hereby agrees, represents, and warrants that neither the undersigned nor their participating family members shall visit or utilize the facilities, services, and programs of the Lakeway Swim Center if he or she experiences symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath, has a suspected or diagnosed/confirmed case of COVID-19, or has been in close contact with someone with these symptoms. The undersigned agrees to notify the Lakeway Swim Center management immediately if he or she believes that any of the foregoing access/use restrictions may apply. The undersigned acknowledges and agrees that the Lakeway Swim Center has taken certain steps to implement recommended guidance and protocols issued by public health agencies for slowing the transmission of COVID-19, and that the Lakeway Swim Center may revise its schedule or procedures at any time based on updated recommended guidance or protocols from state or local authorities.

PHOTO RELEASE:
 The undersigned hereby authorizes the City of Lakeway exclusive use of any photograph(s) which the City of Lakeway may take of his or her, or their participating family members, participation in the Lakeway Swim Center's authorized activity for the expressed purpose of documenting, reporting, or promoting City of Lakeway programs.

Signature _____ Date _____