

# 2020 PARK PASS APPLICATION

Name \_\_\_\_\_

Local Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Local Phone \_\_\_\_\_ Other Phone (\_\_\_\_\_) \_\_\_\_\_

**SEASON PASSES ARE FOR THE USE OF ONE HOUSEHOLD ONLY!!!**

**Park Pass Options:**    Single User Day Pass \$ 10    Family Week Pass \$ 60  
                                 Family Day Use Pass \$ 20    Family Season Pass \$150

A **\$25.00** deposit is required for the pass card, which is refunded when the card is returned. Complete the application and sign below. **Limit of one card for each Family Season Pass. Make your check payable to ASCWD** and mail or bring it to: ASCWD, 270 Alpine Meadows Road, Alpine Meadows, CA 96146.

## ALPINE SPRINGS COMMUNITY PARK – RULES

OPEN DURING DAYLIGHT HOURS

Swim at your own risk – no lifeguard on duty

**CHILDREN UNDER 12 MUST BE SUPERVISED BY AN ADULT**

**NO:**    •Dogs    •Skateboards    •Smoking    •Open fires

**DO NOT PROP THE GATE OPEN**

Anyone caught vandalizing this property will be prosecuted to the full extent of the law.

You are responsible for your own trash.

### GUEST POLICY

- Season pass holders may bring “household guests” **who are staying in their home** at no extra cost.

I, \_\_\_\_\_ (insert your name here) hereby acknowledge that I have read the Alpine Springs Community Park Rules. I understand that I and members of my household are responsible for abiding by the rules and that violation of the rules may result in forfeiture of my/our pass privileges.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**WAIVER & RELEASE: READ THIS CAREFULLY BEFORE YOU SIGN.** In consideration of the acceptance of my park pass application, I hereby waive, release and discharge any and all claims for damages, death, personal injury or property damage which I may have against the Alpine Springs County Water District, its officers, agents and employees arising out of, related to or in any way connected with this park pass or the use of the Alpine Springs Community Park (“Park”) pursuant to this pass. I further understand that accidents and injuries can arise out of use of the Park; knowing those risks, nevertheless, I hereby agree to assume those risks and to release and hold harmless all of the entities and persons mentioned above who might otherwise be liable to me, my heirs or assigns. I further agree to indemnify, defend and hold harmless the District, its officers, agents and employees from any and all claims resulting from damages, death, personal injury or property damage arising out of, related to or in any way connected with this park pass or the use of the Park pursuant to this pass. I further understand that this waiver, release and assumption of risk is to be binding on my heirs and assigns. **I HAVE READ THIS RELEASE CAREFULLY. I UNDERSTAND AND VOLUNTARILY ASSUME THE RISKS INVOLVED.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Pass card Number \_\_\_\_\_ (To be filled in by District staff)