



**ROCKY MOUNT**  
PARKS AND RECREATION  
THE CENTER OF IT ALL

**DENTON STREET POOL  
2024 SEASON PASS**

\_\_\_\_ AN \_\_\_\_ CD \_\_\_\_ Photo  
Access CD# \_\_\_\_\_  
Staff Member \_\_\_\_\_  
Office Use Only 04242023

**POOL PASS INFORMATION**

- Denton Street Pool Season Pool Pass is good from May 25, 2024 - September 2, 2024
- Rocky Mount City Residents - Passes are \$40 per person for the season
- Non-city Residents - Passes are \$60 per person for the season
- Anyone under 18 years old, must have a parent or guardian sign the application
- All applications must have the two (2) signatures on the back of the application
- You will be issued a Rocky Mount Parks & Recreation Facilities Card which must be presented each time you enter the pool area.

**POOL HOURS OF OPERATION**

**Early Season** May 25 - June 16, 2024  
**Saturday—Sunday** 1:00 pm-3:00 pm; 3:30pm - 5:30pm  
**Monday—Friday:** CLOSED

**Regular Season** June 17 - August 09, 2024  
**Monday-Saturday:** 1:00 pm-3:00 pm; 3:30pm - 5:30pm  
**Sunday:** CLOSED

**Late Season** August 10 - September 2, 2024  
**Saturday—Sunday** 1:00 pm-3:00 pm; 3:30pm - 5:30pm  
**Monday—Friday:** CLOSED

**Holiday Hours:**  
Memorial Day & Labor Day Weekend Hours  
**Saturday—Monday** 1:00 pm-3:00 pm; 3:30pm - 5:30pm

**PLEASE PRINT**

Application Date \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

City Resident  Non-City Resident Age \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Female  Male

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_

**In the event of an emergency, whom should we contact? (You must list at least one emergency contact)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**If under 18 years old, we MUST have:**

Parent/Guardian Name \_\_\_\_\_ Phone # \_\_\_\_\_

X Parent/Guardian Signature \_\_\_\_\_

**See Back of Form - You must read and sign back of this form**

## Facility & Activity Card Rules of Use Information

1. The **Activity Card** is valid for 12 months after activation. Proof of address will be reassessed at that time, upon completion the Card will be renewed for an additional 12 months.
2. A photo will be taken for identification purposes and attached to your account. This photo may be updated periodically in conjunction with renewing your **Activity Card**.
3. Your **Activity Card** must be presented on entrance to participating Parks & Recreation facilities and is only valid during general admission hours for each facility.
4. Your **Activity Card** will have all active and paid-for activities for Parks & Recreation.
5. One **Activity Card** per person.
5. Your **Activity Card** is non-refundable and non-transferable. Any attempt to transfer the card to an unauthorized user will result in confiscation of the card and termination of Facility use.
7. Replacement **Activity Cards** can be purchased for \$7.00
8. Parks & Recreation Staff reserves the right to revoke your **Activity Card** and privileges based on non-compliance with our Parks & Recreation, Denton Street Pool Facility rules and regulations.

***I acknowledge that I have read and understand the Facility Card rules and that I will abide by them.***

**X** \_\_\_\_\_  
Cardholder /Parent or Guardian Signature \_\_\_\_\_  
Date

### Photo Release

Pictures or video clips maybe taken by the City of Rocky Mount Parks and Recreation Department and used for promotional purposes.

*If you do not concur, please contact the Parks and Recreation Department at 972-1151.*

### RELEASE, INDEMNITY, ACKNOWLEDGEMENT AND ASSUMPTION OF RISK

IN CONSIDERATION of my participation in the Rocky Mount Senior Center (the "Activity") sponsored by the City of Rocky Mount, I, for myself, my heirs, executors, administrators, personal or legal representatives, successors and assigns, hereby agree to:

(i) RELEASE, WAIVE, FOREVER DISCHARGE and COVENANT NOT TO SUE the City of Rocky Mount, its elected officials, officers, employees, and agents (collectively the "City") from any and all claims, losses, damages, or liability (present and future), on account of injury to my person or property, including injury resulting in my death, arising out of, or in any way connected with, my participation in the Activity, including, without limitation, to the extent permitted by law, any claim, loss, liability, or damage related (directly or indirectly) to acts or omissions (negligent or otherwise) of the City; and

(ii) INDEMNIFY, DEFEND and HOLD HARMLESS the City from and against any and all claims, losses, liability, and damages (present and future) and all costs, charges, and fees (including reasonable attorneys fees) related thereto, arising out of, or in any way connected with my participation (or the participation of the minor identified below) in the Activity or connected with the participation of anyone participating in the Activity under my auspices or with my implied or express consent, including, without limitation, to the extent permitted by law, any claim, loss, liability, or damage related (directly or indirectly) to acts or omissions (negligent or otherwise) of the City.

I understand that participation in the Activity involves the risk of injury or death, and by executing this Release, Indemnity, Acknowledgement and Assumption of Risk (this "Release"), I acknowledge and assume all risk of injury or death resulting from participation in the Activity.

I further agree that if any term or provision of this Release, or the application thereof, to any person or circumstance shall, to any extent, be deemed invalid or unenforceable, the remainder of this Release, or the application of such term or provision, to person or circumstances other than those to which it is held invalid or unenforceable, shall not be affected thereby, and each term and provision of this Release shall be valid and enforceable to the fullest extent permitted by law.

**I have carefully read this Release and have executed the same voluntarily adopting the word "SEAL" after my name as my seal.**

**THIS DOCUMENT RELEASES YOUR RIGHT TO MAKE A CLAIM IF YOU HAVE AN ACCIDENT OR ARE INJURED. DO NOT SIGN IT UNLESS YOU HAVE READ IT AND UNDERSTAND IT FULLY.**

**X** \_\_\_\_\_  
Participant /Guardian Signature \_\_\_\_\_  
Date