



45 East Boston Mills Road Boston Heights, OH 44236

Phone: 330-650-4111 x 3

**MATTHEWS THOMAS PARK  
POOL MEMBERSHIP - 2017**

**POOL SEASON: May 29, 2017, through September 4, 2017 (Weather Permitting)**

**FREE ADMISSION - MEMORIAL DAY – MAY 29, 2017 –12:00 NOON – 8:00 PM**

<b>MEMBERSHIP FEE</b>	<b>RESIDENT</b>	<b>NON-RESIDENT</b>
Senior Single	\$35.00	\$55.00
Senior Couple	\$55.00	\$75.00
Single (Over 25) And living at home	\$125.00	\$175.00
Couple	\$150.00	\$265.00
Family (6 or Less) (To Age 25 and living at home)	\$165.00	\$320.00
Family (7 or More) (To Age 25 and living at home)	\$200.00	\$365.00
Guest	\$5.00	\$5.00

Unused pool passes must be returned for a refund no later than 09/29/2017  
\*All rates include 3% Admissions Tax

\* Couple and Family memberships require residency in the same household. Babysitters, governesses, nannies, and au pairs are not considered part of a family membership.

\*Pool rates will NOT be discounted nor returned anytime during the season. ALSO: Unused pool passes must be returned for refund by 09/29/2017.



**PLEASE COMPLETE THE FOLLOWING**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

TELEPHONE NOS: \_\_\_\_\_

RESIDENT \_\_\_\_\_ NON-RESIDENT \_\_\_\_\_

**LIST BELOW THE NAMES OF FAMILY MEMBERS:**

NAME	AGE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

AMOUNT PAID: _____ CASH _____ CHECK NO _____
CHECKS MADE PAYABLE TO: VILLAGE OF BOSTON HEIGHTS

## GENERAL REGULATIONS:

1. Parents, or a designated person over the age of 18, are responsible for the behavior of themselves and any children under their care.
2. When entering the park grounds, speed is to be 10 MPH. This is for the safety and welfare of any pedestrian, as well as the care of the grounds. Reckless operation of any vehicle is an offense.
3. Children under the age of 14 fishing in the lake must be accompanied by an adult.
4. Trash containers have been provided. Please place all trash in these receptacles.
5. NOT PERMITTED:

PARKING ON GRASS AREAS  
SMOKING IN THE POOL AREA  
ALCOHOL  
DISRUPTIVE BEHAVIOR

## POOL REGULATIONS:

1. Lifeguards are responsible for the safety of all participants; however, they are not babysitters and should not be viewed as such. Please make sure your children are under your care when at the pool.
  2. Members **MUST** sign in each time they visit the pool. If they leave the premises and to return later, they are to sign out and back in when they return.
  3. Guests are permitted. The charge is 1 guest pass for \$5.00. Guest passes are available at the Village Hall from 8:00 AM to 4:00 PM, Monday through Friday
  4. Members and Guests, 14 years and younger, must be accompanied by an adult.
  5. All infants using the baby pool (ages 4 and under), also must be accompanied an adult at all times.
  6. It is important to note that all children must be toilet trained to use any pool, or wear a swim diaper.
  7. There are many water toys and equipment. If there is any doubt as to their use in the pool, consult with the lifeguard for permission.
  8. **POOL BREAKS:** It is required that a fifteen (15) minute safety break be taken each hour. During this time, adults eighteen (18) years and over are permitted to swim.
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45 E. Boston Mills Road

Boston Heights, Ohio 44236

330-650-4111

**WAIVER, RELEASE OF LIABILITY, AND ASSUMPTION OF THE RISKS**

In consideration of the consent given by the MATTHEWS THOMAS PARK and/or the Village of Boston Heights, Ohio for the use of their facilities, swimming pool, and grounds, and as a condition of participating in activities within the parameters of the MATTHEWS THOMAS PARK and/or grounds, I, the undersigned, execute this Release and state, accept and make the statements contained herein.

I understand and acknowledge that the Village of Boston Heights, Ohio the MATTHEW THOMAS PARK and/or any of their facilities, swimming pool, employees, agents, public officials, legislative body, committees, grounds, equipment, and/or property, may expose me, my child(ren), my guest, members of my organization and/or my organization to certain risks of personal injury (including death) and other property damage, and I, on behalf of myself, my child(ren), my guest, members of my organization, am willing to and do hereby as indicated below my signature assume all these risks, known and unknown.

I accept full responsibility for any medical expenses and insurances to cover me, my child (ren), my guest, members of my organization and/or my organization for any personal injury (including death) and/or property damage arising out of any conditions and/or use of the Village of Boston Heights, Ohio and/or the MATTHEWS THOMAS PARK'S facilities, swimming pool, and/or grounds.

I hereby certify that I, my child (ren), my guest, and members of my organization are capable of participating in the activities of the MATTHEWS THOMAS PARK and/or any of their facilities, swimming pool and grounds and I, my child (ren), my guest, and members of my organization are healthy and have no physical or mental disabilities or infirmities that would restrict full participation in any activities except as listed below.

**I, AS AN INDIVIDUAL AND ON BEHALF OF MY CHILD(REN), MY GUESTS, MEMBERS OF MY ORGANIZATION AND/OR MY ORGANIZATION, HEREBY WAIVE, RELEASE, AGREE TO DEFEND AND FULLY INDEMNIFY AND COVENANT NOT TO SUE THE VILLAGE OF BOSTON HEIGHTS, OHIO, THE MATTHEWS THOMAS PARK AND/OR ANY OF THEIR EMPLOYEES, AGENTS, PUBLIC OFFICIALS, BOARD, LEGISLATIVE BODY, COMMITTEES, AND/OR OTHER REPRESENTATIVES, FOR ANY AND ALL CLAIMS, RIGHTS, CAUSES OF ACTIONS, DEMANDS OR OTHERWISE, WHETHER FOR PERSONAL INJURIES, PROPERTY DAMAGE, OR ANY OTHER LOSS, DAMAGE, OR EXPENSE, WITHOUT LIMITATION, MADE ON ACCOUNT OF OR RELATED TO INJURY SUFFERED IN THE NORMAL COURSE AND USE OF THE VILLAGE OF BOSTON HEIGHTS, OHIO AND/OR THE MATTHEWS THOMAS PARK'S FACILITIES, SWIMMING POOL, AND/OR GROUNDS. WHETHER THE RESULT OF NEGLIGENCE OR ANY OTHER CAUSE.**

**I HAVE READ, UNDERSTAND AND AGREE TO BE BOUND BY THIS WAIVER, RELEASE OF LIABILITY AND ASSUMPTION OF THE RISKS.**

\_\_\_\_\_  
Name, as an Individual and as Parent/Guardian and Representative

\_\_\_\_\_  
Date

Please list any physical limitations (allergies, hearing, sight, inability to swim, etc.) and person's name:

\_\_\_\_\_  
\_\_\_\_\_