



Guest Waiver

Please Return This Completed Form with Your Payment
A medical release is required for children under 18 unaccompanied by their parent

FEES

Out of respect to our loyal members, guests will be restricted to two (2) uses of the pool regardless if sponsored by different members on different occasions. Guests may use the pool on special guest days that are sponsored by Triangle Pool without affecting their 2 use limit. Guests desiring use of the pool beyond these parameters need to purchase a pool membership.

Guests utilizing the pool will be required to complete a guest application / waiver and **medical release (for children under 18 unaccompanied by their parent)**. If the guest is a child unaccompanied by their parent, these forms will need to be **completed by the child's parent PRIOR to pool use**. These forms can be found on the website and will only need to be completed once per season.

\$5 guest fee per person not a member of Triangle Pool

REGISTRATION INFORMATION (all must reside in same household)

Member Name (Adult 1) _____ Alt Phone _____

Guest Name (Adult 2) _____ Alt Phone _____

Address _____ Home Phone _____

Street, City, Zip _____ **My family has read and understands the pool rules. We will keep a copy for reference as needed.**

Email _____

Email 2 _____

List dependent children living in the same household covered by this application.

Child's Name	Date of Birth	Child's Name	Date of Birth
1. <input type="checkbox"/> _____	_____	4. <input type="checkbox"/> _____	_____
2. <input type="checkbox"/> _____	_____	5. <input type="checkbox"/> _____	_____
3. <input type="checkbox"/> _____	_____	6. <input type="checkbox"/> _____	_____

The undersigned agrees to be bound by the rules and fees of Triangle Pool, Inc. I understand that there are inherent risks of bodily injury and death associated with use of and around swimming pools and release, waive and agree to hold harmless Triangle Pool, Inc., Triangle Pool Board of Trustees, Triangle Pool employees and Triangle Pool volunteers. I further agree that none of the aforementioned Triangle affiliates shall be held responsible for medical payments or bills for medical services rendered as a result of such accidents or injuries. I hereby authorize emergency medical and/or dental care and treatment for my child, as may reasonably be deemed necessary. I also agree to allow photos of my family to be used in marketing materials without any names associated with the photographs. I will notify the President of the Board in writing if I would prefer for our photos to not be used.

Parent/Guardian Signature _____ Date _____

Triangle Pool, Inc. is a nonprofit social club under Federal and state laws. None of the amounts paid qualify as tax-deductible contributions.

Payments

Make checks payable to Triangle Pool

Questions? membership@trianglepool.org or (425) 569-7727

Mail Application Form Along With Payment

To: 1919 108th Ave SE
Bellevue, WA 98004

Attn: Accounts Receivable

Payment Options

Visa / MC

Exp

Check #

Amount

OFFICE USE

- ARdB
- MdB
- STdB

Office Use

Visit Date: _____ Name(s): _____

Visit Date: _____ Name(s): _____

Visit Date: _____ Name(s): _____

Visit Date: _____ Name(s): _____

Visit Date: _____ Name(s): _____

Visit Date: _____ Name(s): _____



Medical Release

This form must be completed by a parent or legal guardian of any child attending Triangle Pool.

I, _____
(Parent or Legal Guardian Name – PLEASE PRINT)

authorize all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a treating physician for the following child(ren):

Child Name: _____
Birth date: _____
Allergies: _____
Chronic Illness: _____
Medications: _____

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As the parent/legal guardian of the child(ren) named above, I hereby give consent for emergency medical or dental care. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my child.

Signature Date



Emergency Contact Numbers

Name Home Work Cell

Name Home Work Cell