



Lakeway Swim Center

3103 Lakeway Blvd., Lakeway TX 78734

(512) 261-3000

Winter Season Membership & Pass Registration

September 6, 2022 - May 26, 2023

New

Renewal

PLEASE NOTE: Due to the COVID-19 pandemic, the swim season is 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.

Last Name:		First Name:	
Address:	City:	State:	Zip:
Home Phone:		Cell Phone:	
Email Address:			

Memberships & Passes	Resident	Non-Res	AMOUNT
Individual Adult - Winter Season Pass (Age 18 - 54)	\$295	\$325	
Individual Senior - Winter Season Pass (Age 55 and up)	\$275	\$305	
Monthly Pass (Age 18 and up)	\$60	\$85	
TOTAL			\$

Residents are those who reside within the City of Lakeway. This does not include The Hills, Bee Cave, Spicewood etc. Residency may be proven 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.

Lastly, by this document I do hereby authorize the exclusive use by the City of Lakeway of any photograph or photographs which the City of Lakeway may take of my participation in the Lakeway Swim Center's authorized activity.

Signature _____ Date _____