

Watertown Parks & Recreation Department
61 Echo Lake Road, Watertown, CT 06795-2629
Telephone: (860)945-5246- Town-wide Info-line (860)945-5272-
Website: www.watertownct.org

2020 SYLVAN LAKE INDIVIDUAL BEACH PASS (RESIDENTS OF WATERTOWN/OAKVILLE ONLY)

Name: _____
(please print)

Street: _____ Town: _____ Zip : _____

Telephone: (days): _____ (nights): _____ (cell): _____

Driver's License Number (if applicable): _____ State: _____ Expiration date: _____

*Proof of Residency is required

TYPE OF SEASON PASS (please check)

FALSIFICATION OF INFORMATION (FRAUD) IS NOT PERMITTED AND IS SUBJECT TO POLICE ACTION.

RESIDENT ADULT: \$10.00 _____ Name: _____

RESIDENT SENIOR: \$ 5.00 _____ Name: _____

RESIDENT CHILD (12 & UNDER): \$ 5.00 _____ Name: _____
Name: _____

ACKNOWLEDGEMENT AND WAIVER

I HEREBY AGREE THAT I WILL FOLLOW ALL THE RULES AND REGULATIONS GOVERNING THE USE OF ALL TOWN OF WATERTOWN, CONNECTICUT SYLVAN LAKE FACILITIES AND THAT THE INFORMATION I SUPPLIED IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT FAILURE TO COMPLY WITH THE LAKE RULES OR FALSIFICATION OF THIS PERMIT INFORMATION MAY RESULT IN REVOCATION OF THE PERMIT BY THE WATERTOWN RECREATION COMMISSION. I UNDERSTAND THE POLICIES, RULES, AND PROCEDURES GOVERNING SYLVAN LAKE PARK. I, ALSO, HEREBY IN THE EVENT OF AN ACCIDENT AND/OR INCIDENT, WAIVE ALL CLAIMS AND/OR DAMAGES AGAINST THE TOWN OF WATERTOWN, CONNECTICUT, THE WATERTOWN PARKS AND RECREATION DEPARTMENTS AND COMMISSION, AND/OR THEIR EMPLOYEES, INSTRUCTORS, AND/OR THEIR AGENTS. THE UNDERSIGNED, HEREBY RELEASES THE TOWN OF WATERTOWN AND INSTRUCTORS FROM ALL ACTION, CAUSE OF ACTION, SUITS, CONTROVERSIES, PROMISES, DAMAGES, JUDGMENTS, EXTENT, EXECUTION, CLAIMS AND DAMAGES WHATSOEVER IN LAW OR EQUITY WHICH AGAINST THE TOWN OF WATERTOWN BY MYSELF, MY HEIRS, OR HEREAFTER CAN., SHALL OR MAY, HAVE FOR UPON OR BY REASON OF ANY MATTER, CAUSE OR THING WHATSOEVER FORM THE BEGINNING OF THE WORLD AND FOREVER HEREAFTER IN CONNECTION WITH MY PARTICIPATION IN SPORTS, OR RECREATIONAL ACTIVITIES UPON PREMISES AND/OR LANDS OWNED BY THE TOWN OF WATERTOWN, CONNECTICUT. . IN PARTICIPATING IN SAID RECREATIONAL ACTIVITIES I UNDERSTAND THAT THERE ARE CERTAIN RISKS THAT I MAY BE INJURED OR INCUR PHYSICAL HARM OR INJURY AND I ASSUME SAID RISKS OF MY OWN FREE WILL KNOWING THAT I SHALL BEAR FULL RESPONSIBILITY FOR MEDICAL COST, CARE TREATMENTS, OR ANY OTHER COSTS OR DAMAGES TO ME AS A RESULT OF SAID INJURIES. I UNDERSTAND THAT SYLVAN LAKE PARK IS A PLAY AT YOUR OWN RISK FACILITY. THE INFORMATION I HAVE SUPPLIES IS FACTUAL AND TRUE.

APPLICANT'S SIGNATURE: _____ DATED: _____

IF APPLICANT IS 17 YEARS OF AGE OR YOUNGER, PARENTS/GUARDIANS' SIGNATURE IS REQUIRED BELOW.

PARENT/GUARDIAN SIGNATURE: _____ DATED: _____

Office Use Only

Proof of Residency (circle one): CT Driver's License Utility bill receipt Voter's List Other

Specify other: _____

Cash/Receipt #: _____ Check Number: _____ Amount Received: _____ Employee Initials: _____