



Hourly Pass Application Form for 2017 Season

Family Name _____

Phone Number _____

Address _____

Fax or Email _____

Postal Code _____

HAVE YOU HAD A PASS BEFORE: YES NO

HOW DID YOU HEAR ABOUT OUR PASSES: WEB PAPER RADIO OTHER: _____

PRE-SEASON PASS SALE:

50 HOURS PASS- **REG. PRICE** \$ 165 **SALE PRICE** \$105 PLUS \$5.25 TAX **TOTAL** - \$110.25 QTY. _____

100 HOUR PASS- **REG. PRICE** \$285 **SALE PRICE** \$180 PLUS \$9.00 TAX **TOTAL** - \$189 QTY. _____

150 HOUR PASS- **REG. PRICE** \$395 **SALE PRICE** \$235 PLUS \$11.75 TAX **TOTAL** - \$246.75 QTY. _____

SUBTOTAL: _____

TOTAL: _____

Payment accepted by Visa, MasterCard, Amex, Interac, Cash or Cheque

CARD NUMBER _____

EXPIRY DATE _____ SECURITY CODE _____

SIGNATURE _____

If paying by credit card, you may either purchase a pass over the phone by calling 250-549-4121 or by sending your application to use either by fax at 250-549-4129 or email at atlantiswaterslides@yahoo.ca. If paying by cash, Interac, or cheque please visit our office at 7921 Greenhow Rd Monday to Thursday from 10 a.m. to 4 p.m.

Passes are transferable allowing **immediate family and friends** to use them.

No alteration or splitting of the pass is allowed. If alterations have occurred the pass will be voided.



APPLICANTS MUST READ AND SIGN THE WAIVER FORM BELOW

RELEASE, WIAVER AND ASSUMPTION OF RISK

I _____, as applicant for myself and independents, hereby acknowledge and agree that in consideration of being permitted to participate in the activities organized, operated or sanctioned by Atlantis Waterslides (2005) Ltd. Herein Called the "Association"

I do hereby release the association, its members, officers, directors, employees, independent contractors and agents all resources, claim causes of action of any kind whatsoever, in respect of all personal injuries or property loss which I may suffer arising out of or connected with, my participation in, the aforesaid activities not withstanding that such injuries or losses may have been solely or partly by the negligence of the association or any of its members, officers, directors, employees, independent contractors or agents.

DATE _____, 2017

SIGNATURE _____ Witness _____