



## 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: \_\_\_\_\_

### SEASON HOURLY PASS:

50 HOURS PASS- **REG. PRICE** \$165 PLUS \$8.25 TAX **TOTAL** - \$173.25 QTY. \_\_\_\_\_

100 HOUR PASS- **REG. PRICE** \$285 PLUS \$14.25 TAX **TOTAL** - \$299.25 QTY. \_\_\_\_\_

150 HOUR PASS- **REG. PRICE** \$395 PLUS \$19.75 TAX **TOTAL** - \$414.75 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](mailto: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 \_\_\_\_\_