

# Liberty Lagoon Season Pass Membership Form

Each Individual Liberty Lagoon Season Pass is good for one (1) person for **CURRENT** operating season. This season pass allows for admissions Monday – Friday during normal operating hours, excludes holidays entry during the week. This membership does not include use of the Shockwave. A Liberty Lagoon staff member will take a photo of each season pass member and kept on file. Liberty Lagoon staff use this photo for member identification only when entering the facility. Children ages 12 months and younger are free. **Season passes are Non-Refundable and Non-Transferable to other BREC facilities or programs.**

**Season Pass \$59.99 per person (plus tax)**  
**(Ages 12 months and younger are FREE)**

Members Name:		First	Last	Middle Initial
Address:				
House #	Street		City	Zip Code
Phone Number(s)				
	Home	Work	Cell	Other
Email:				

Please list the names of Individual Season Passes to be included in the Membership application

Name	Relationship	Date of Birth	Membership Fees Paid
1.			
2.			
3.			
4.			
5.			
<b>Total Fee's Paid:</b>			<b>\$</b>

I am aware that this membership can be cancelled/terminated at any time if I do not follow the Liberty Lagoon Rules and BREC Facility Use Policies. I agree and recognize that I am participating at my own risk or injury while visiting Liberty Lagoon. Liberty Lagoon staff will not issue a season pass refund to any individual member in whom a season pass is terminated. Member hereby acknowledges general facility use policies rules and with issuance hereby accepts all terms and conditions set forth herein together with terms and conditions of overall policies as established by the Recreation and Parks Commission for the East Baton Rouge. **Any guests who enter the facility and are not listed on the current membership form must purchase a ticket to enter regardless of participation.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICIAL USE ONLY

Date of Application: \_\_\_\_\_ Received By: \_\_\_\_\_

Date Fee Received: \_\_\_\_\_ Cash/Check #: \_\_\_\_\_ Credit: Visa MC Other (Circle One)

Total Fee: \$ \_\_\_\_\_ Receipt # \_\_\_\_\_ Employee: \_\_\_\_\_

Special Notes: \_\_\_\_\_