Liberty Lagoon Shockwave Season Pass Membership Form

This pass allows Liberty Lagoon admission & Shockwave use for daily operations. Each Individual Liberty Lagoon Season Pass is good for one (1) person for the **CURRENT** operating season. This season pass allows for admissions Monday-Friday during normal operating hours, excludes holiday entry during the week. A Liberty Lagoon staff member will take a photo of each season pass member and keep it on file. Liberty Lagoon staff use this photo for member identification only when entering the facility. **Season passes are Non-Refundable and Non-Transferable to other BREC facilities or programs.**

Admission and Shockwave Season Passes are $149.99 per person (plus tax)

(Must be 48" or taller to ride the wave simulator)

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.			
		Total Fee(s) Paid:	$

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 Park Commission for the Parish of East Baton Rouge. **Any guest(s) who enter the facility must appear on the current membership form or they must purchase an admissions 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 DISC. Other (Circle One)

Total Fee: $_____ Receipt #:_____ Employee: _____

Special Notes: _____