Newly Renovated Breda Swimming Pool Be apart of a great swimming experience in Breda!

Pool Hours: Open 12:30- 7:00 p.m. Opening To Be Determined.

New This Year -Sunday evenings you can rent the pool out for private parties from 5:00-7:00pm for \$100.00

2023 Season Pass

Family Season Pass - \$175.00

Individual Season Pass - \$100.00

Daily Admission - \$5.00.

Children 2 and under will be admitted free.

<u>Swimming Lessons</u>: Group Swimming Lessons will be held Monday Thru Friday on dates to be determined. Lessons will be conducted at a time a date yet to be determined. <u>The cost of group lessons is included in the cost of the season pass</u>.

NAME	CELL PHONE: _			
ADDRESS:	City	ST	ZIP	
EMAIL ADDRESS:		Receive Text Aler	ts: Yes	No
List of family members and the	ir ages: (must be immediate fa	mily members living in		y!)
\$ 175.00 Family Pass\$100	On Single Pass # childre	ın v \$ 75 00 l	Drivata Lace	sons
\$Total Paid Payment may be ma	_			
a 4% convenience fee.	ide by check, cash or online at		Omme payme	ento une oubject to
I, the undersigned, have read and understand the Ge associated with the use of the pool and /or any activ all risks involved, I hereby agree that I am responsibl loss of my property which may occur as a result or at behalf of my heirs, assigns, personal representatives owner of 204 Park St., Breda IA 51436, its employees	ity occurring therein. In considera e for the behavior of my children a rising out of my participation occur and next of kin, hereby release, in	tion for being permitted and myself and any result rring therein. I, for mysel demnify, and hold harml	to participate a ing personal inj f and those nan ess Breda Swim	nd because I assume jury, damage to or med above and on nming Pool, property
future, arising out of my use or occupancy of the Poc Releases or otherwise, to the fullest extent permitte	ol any activity occurring therein, in			
I ACKNOWLEADGE THAT I HAVE THOROUGHTLY REALIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIN CLAIM FOR ANY INJURY SUSTAINED.	AD THIS CONSENT AND RELEASE A			
Printed Participant's Name (first and last)	Signature	 Da	 te	

Return this form to Breda City Hall, 108 N. 2nd St., PO Box 129, Breda, IA 51436 or if paying online, please email to cityclerk@citybreda.com.